

VETERANS' ADMINISTRATION PROGRAMS IN MONTANA

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BEFORE THE
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS
OF THE
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HOUSE OF REPRESENTATIVES
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VETERANS' ADMINISTRATION PROGRAM IN MONTANA

SATURDAY, JUNE 19, 1982

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

The subcommittee met, pursuant to notice at 8:27 a.m., in the auditorium, Social Rehabilitation Services Building, 111 Sanders Street, Helena, Mont., Hon. G. V. "Sonny" Montgomery (chairman of the subcommittee) presiding.

Present: Representatives Montgomery, Daschle, and Williams.

OPENING STATEMENT OF CHAIRMAN MONTGOMERY

Mr. MONTGOMERY. Good morning. The Subcommittee on Oversight and Investigations will come to order.

This is the first time the subcommittee has been in Montana, and we're delighted to be here. At this point, I'll introduce my colleagues to you. On my left is one of the brightest young members of our committee, Tom Daschle of South Dakota. Tom has been a member of our committee since his election to the 96th Congress. He has a particular interest in the concerns of Vietnam veterans and is the chairman of the Vietnam Veterans in Congress Caucus. Although I know it's not necessary, I'll also introduce Pat Williams of the Big Sky State of Montana. We're holding the hearing this morning at his request, as he is very interested in the veterans of Montana. Senator Max Baucus was unable to join us this morning, and has requested that he be allowed to submit a statement for inclusion in the hearing record.¹ Additionally, several others have requested permission to submit written statements. Without objection, it is so ordered.

We are meeting today to receive testimony on admitting practices and the quality of health care delivered by the Veterans' Administration in Montana, as well as the quality of service provided by the regional office at the Fort Harrison Veterans' Administration Center. We will also hear testimony on the concerns of Vietnam veterans, as well as Public Law 97-37, the Former Prisoner of War Benefits Act 1981.

This subcommittee has oversight responsibilities for veterans benefits and services which fall within the jurisdiction of the full Committee on Veterans' Affairs. I understand that certain wit-

¹ See p. 123.

nesses we will hear today wish to discuss the subject of alleged medical experimentation conducted by the Japanese on prisoners of war during World War II. I must advise them that this subject does not fall within our jurisdiction, and that their legislative recourse lies with the Committee on Foreign Affairs and the Committee on Armed Services. I feel certain that these committees will be interested in their reports.

Since we have so many witnesses this morning, it is requested that all witnesses limit their oral testimony to no more than 5 minutes. This will enable the subcommittee members to question the witnesses, as well as allow us to hear from everyone. Your complete prepared statements will, of course, be made a part of the hearing record.

We have more interest here today than I have seen in a number of years in gatherings having committee hearings across the country. I commend Mr. Williams for having this much interest shown.

The subcommittee would like to ask these witnesses questions, and before I call the first witness, Mr. Williams, do you or Mr. Daschle have any comments?

Mr. DASCHLE. Mr. Chairman, I want to especially thank you for taking time out of what I know is one of the busiest schedules of any Member of Congress to dedicate part of your weekend for hearing testimony from those who simply don't have the means to come to Washington.

I find in traveling through the country and holding hearings of this kind some of the best new information, some of the most poignant understanding of what it is we face as a country, and in Congress, come from hearings like this—from people affected by the public policy that we initiate in Washington.

So this hearing to me is even more important than many of the hearings we hold in Washington and certainly it would not be possible were it not for the fact that we were invited by what I think to be one of the most outstanding new leaders that we have had in Congress for a long time, Pat Williams.

He shows the kind of compassion and leadership that we need from the West and it is because of him that I am here, because of his interest and his constant concern as he has expressed it on the floor of the House many times in his statements, that we come here this morning to hear from his people, to hear from those who are affected by the policies we make in Washington. So to him and to you I thank you for holding this hearing and I am anxious to hear our first witnesses.

Mr. WILLIAMS. I, too, want to get on with hearing the witnesses, but I do want to thank you, Sonny, and my friend Tom Daschle as well, for the obvious concern that you have shown in bringing the Veterans' Affairs Committee finally to the State of Montana. You are overdue, but you are very welcome.

Mr. MONTGOMERY. Thank you. That kind of statement and applause is certainly worth the trip.

Before calling the first panel, I would like to call Mr. John—we call it back in the South "Mahon"—I think you call it a little differently here. John is an old friend of mine. I would like to welcome him and hear anything he would like to say before this subcommittee. John Mahon is a former national commander of the

VFW, State commander of the VFW of Montana, and I had the privilege of being in Congress when he served in Washington with the Veterans' Administration in charge of our national cemeteries.

STATEMENT OF JOHN MAHON, STATE COMMANDER, VETERANS OF FOREIGN WARS, MONTANA

Mr. MAHON. Thank you. On behalf of members of VFW meeting in Glendive, we wish to welcome you and thank Pat Williams for inviting you to Montana, and we very much thank you, Tom Daschle, for coming to Montana too. We feel that Montana has in the past provided more servicemen during times of war per capita than any State in the United States during the wars of this country.

We wanted to point out that during the past few years since the draft registration went into effect for 18-year-olds that Montana again is leading the Nation in the registration of 18-year-olds, and because of this we feel that Montana, though a large State but small in population, is entitled to all the things necessary for full service to the veterans.

Fort Harrison was fixed up a few years ago, remodeled. They put an outpatient service in there which is fantastic, but we feel that we need a nursing home facility there. While I was in Washington it was approved for construction of a 60-bed nursing home facility at Fort Harrison. Since then the need has doubled, but after we left it was taken out of the budget, it hasn't been put back, and we are requesting your consideration for a 120-bed facility at Fort Harrison, which we feel is needed since there are no nursing home bed facilities for veterans in this whole area, and there are some that are about to be closed.

With that, I know you have many more witnesses. I again thank you for coming. We welcome you to Montana, Tom, and thank Pat for inviting you.

Mr. MONTGOMERY. The subcommittee will consider the 120 beds that were mentioned to me last night. Is there a State veterans home in Montana?

Mr. MAHON. Yes; in Columbia Falls. There are 36 nursing beds in the State of Montana at Miles City, 36 or 37. Then there is a domiciliary home with nursing bed care at Columbia Falls, less than 100. So with the 100,000 veterans we have less than 100 nursing home beds in the State.

Mr. MONTGOMERY. I appreciate that you pointed out for the record that Montana leads the Nation in compliance with selective service registration. Was it around 96 percent?

Mr. MAHON. Yes.

Mr. MONTGOMERY. I think the average was 93 percent across the country. I was a little disappointed that Mississippi was 90 percent. I am going home to see if I can bring Mississippi up to Montana's level.

The first panel of witnesses will be Mr. Frank Caldwell, Director of the Veterans' Administration Center, Fort Harrison, Mont. We might say he has both the regional office and the hospital under his jurisdiction.

Mr. Gordon Bohn, Director, Veterans' Administration Medical Center, Miles City, Mont.

Thank you for coming from Miles City to be here with us this morning.

The administrator of the veterans' affairs division, department of social and rehabilitation services for the State of Montana, Mr. David Armstrong. I had the privilege of meeting Mr. Armstrong last night.

Mr. Frederick MacKintosh, commander, Department of Montana, Disabled American Veterans.

We would like to hear from each one of you gentlemen. If you have a full statement, it will be, without objection, put in the record. If you could summarize your remarks, I think that would certainly help the subcommittee. Also, we would like to ask Mr. Caldwell and Mr. Bohn to remain for the duration of the hearing so that, after we have heard from all the witnesses, we might call you back for any needed clarification.

Mr. Caldwell, why don't you lead off.

STATEMENT OF FRANK W. CALDWELL, DIRECTOR, VETERANS' ADMINISTRATION CENTER, FORT HARRISON, MONT.

Mr. CALDWELL. I am pleased to have the opportunity to testify before this subcommittee. I am confident that the staff at the VA Medical and Regional Office Center, Fort Harrison, Mont., is administering the Veterans' Administration benefits programs on an equitable and timely basis and that the medical staff is providing quality medical care. However, this is not to say that there have not been matters of great concern, particularly as concerns the Vietnam veterans.

As I analyze the concerns being investigated by this subcommittee, I feel there are four primary issues which I will respond to separately.

One. As to the subject with respect to admitting practices, I am somewhat at a loss as I do not perceive this as a problem. Our acceptance rate for admission to our hospital compares favorably with national acceptance rates. Similarly, we have conducted studies which show that our admission times are not unduly long and compare very favorably with national VA admissions times. The only admitting problem I am aware of is a reluctance on the part of some Vietnam veterans to use VA medical facilities, and I am happy to report that we are seeing more and more Vietnam veterans seeking care in our Fort Harrison facility.

Two. As to the question of quality of health care, I take the position that we are delivering medical care of the highest quality in those medical care areas approved and funded by our VA Central Office. We have four surgeons, three of whom are certified by the American Board of Surgery and one who also has certification in thoracic surgery. Medical service has 11 physicians, 5 of whom are certified by the American Board of Internal Medicine.

Our chief of pathology is certified by the American Board of Pathology. We also have the consulting services of numerous highly qualified physicians in western Montana who represent almost every medical subspecialty. We have a psychologist with a Ph. D.

and a former psychology technician as a vocational rehabilitation specialist who has a masters degree.

Social work service has four employees with masters degrees, all of whom have had training in psychiatric social work and who are certified by the National Association of Social Workers. Nursing service has one nurse clinical specialist in psychiatry with a masters of nursing degree. There is a full-time alcoholism counselor with a bachelor's degree in social work.

There is a full complement of registered nurses and licensed practical nurses, as well as a fully staffed pathology and radiology department. This staff, for the most part, has the best and newest equipment with which to work.

Three. Every effort is made to resolve any reasonable doubt in favor of claimants for disability compensation. However, by law there must be a showing of current disability resulting from injury or disease incurred or aggravated in service. Perhaps the most difficult determinations involve diseases or injuries of delays onset, that is those whose appearances are delayed for a time after the precipitating event. Post-traumatic stress disorder is such an illness whose onset may follow the traumatizing event by many years.

The Department of Veterans' Benefits has issued information to field stations concerning the nature of this disorder, and instructions regarding development of evidence in order to assist claimants in establishing entitlement.

However, besides the difficulty of attributing current emotional problems to perhaps long-precident, service trauma, the decisions are sometimes further complicated by difficulties of diagnosis. There are more than 20 different classified emotional illnesses defined in the American Psychiatric Association's Diagnostic and Statistical Manual [third edition] which exhibit symptoms similar to post-traumatic stress disorder, but warrant differing diagnoses.

Claimants who are disappointed at the original stage of the claims decision process are entitled to appeal the denials to the Board of Veterans' Appeals. The Board takes a fresh look at each claim, according no presumption of validity to the findings of the original decisionmakers.

Four. So, too, have we fully implemented the "Former Prisoner of War Benefits Act of 1981," Public Law 97-37, at Fort Harrison. That law made it easier to establish entitlement to compensation for certain nutritional and psychiatric disorders now suffered by some ex-POW's, even if there is no showing of disability until long after service. It does not, however, authorize us to compensate ex-POW's for all injuries or diseases not reasonably shown to relate to the POW experience. I believe scrutiny of the implementing VA regulations and circulars will show them to be faithful to the liberalizations enacted by the Congress.

In conclusion, I feel that most of the issues have developed from a breakdown in communications or a misconception as to the role—and more especially the limited authority—of the adjudication process. I appreciate this opportunity to comment on these matters.

[The prepared statement of Mr. Caldwell appears on p. 81.]

Mr. MONTGOMERY. Thank you. What we would like to do is to go down the panel and hear all the statements and then we will come back to questions.

Mr. Bohn, go ahead.

STATEMENT OF GORDON BOHN, DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER, MILES CITY, MONT.

Mr. BOHN. I also wish to express my appreciation to be here today and hopefully the comments I will make will add to and enlighten everybody as to what we are trying to do at Miles City. We too feel we provide adequate and high quality medical care for the veterans who present themselves there. We had a visit by the Joint Commission on Hospital Accreditation last August and also received a favorable response from that body.

As a matter of fact, the recommendations that they made were mostly implemented or on their way toward implementation prior to the time we received our certification. One of the important indices we have in seeing how well we do is called a patient attitude survey conducted at least every other year.

The last survey was conducted last November and we received very positive findings, particularly in nursing care and cleanliness and attitude. That doesn't mean we can't do better in that area. We continually have to work at that because unless the patient perceives the care he receives is excellent, all the other things we try to do are not.

We also have more complimentary letters than complaint letters received from veterans. In the area of quantity, I am happy to report that over the last 8 or 9 months of this fiscal year we have had an increase of 21 percent in patients treated, veterans admitted for care, applications received from the veterans, which means that more and more veterans are feeling the need to and are using our facilities.

We also have been fortunate and received additional funds on an issue that was brought up here a few minutes ago so that we are placing more veterans in community nursing homes than we were over the past several years. That increase is about 50 percent.

Some issues that are of very high concern of people here today, the matter of agent orange and the matter of posttraumatic stress. I am happy to report that the study that is to be conducted by UCLA at the suggestion of the Congress has been received in Washington and hopefully that contract will be let very soon.

It is undergoing a tripartite review by a number of concerned parties, which has to take place in order to have adequate study and information received is statistically valid. Since April 1979 we have completed 270 agent orange exams at the VAMC, Miles City. This is 27 per quarter, and 6 of those individuals have been admitted for care. You will recall that the enabling Public Law 97-72 last year liberalized our ability to admit and care for veterans who feel that they have problems as a result of agent orange.

We have also gone through a very in-depth process with our staff so that they are aware and empathetic to the needs of these veterans. This has been quite an effort because many of our staff members are a generation or two removed from these gentlemen and

they don't have the understanding and appreciation they might. We have presented the videotape "Agent Orange, a Search for Answers," on a number of occasions. We have literature available on that topic. We do have discussions about Public Law 97-72 on a number of occasions.

In conclusion, the VA's agent orange program is a multifaceted and far-reaching effort that remains committed to serving the needs of veterans as they relate to this very visible, sensitive and often emotional issue. The informational aspects of the program are directed toward dispelling as far as possible the fear of the unknown. The research efforts are prompted by the concept that major policy initiatives related to the health of veterans should be based on sound scientific principles.

We can now turn to post-traumatic stress syndrome. What I say here again, there has been a major educational effort so that our staff understands what is known about this very, very real problem, a problem by the way that goes back to earlier wars, as far back as the First World War. It was just never classified and accounted for the way it is now, and it just in 1980 became a legitimate diagnosis in the manual of the psychiatrists.

We have hopefully been successful with the one Veterans' Readjustment Counseling Center located in Billings, which is logistically supported by Miles City. It has functioned with the degree of autonomy required by the law and the policies of the VA so that the veterans have been able to sort out their feelings to the extent possible, so that they might recognize whether assistance is necessary, provide the linkage with the mental health therapy when that is indicated, align veterans for retraining opportunities, to provide veterans with employment assistance and help veterans and others with whom they are associated to deal with the stressful associations that they are experiencing, which we feel are very real.

Mr. MONTGOMERY. The Chair will have to give the gentleman 1 more minute. You have got a good, comprehensive statement. I am sorry—

Mr. BOHN. The only other thing I would like to say is that we have added some things in Miles City that make us able to better provide care. We are correcting some deficiencies in our operating room suite this year. We will add a new intensive care unit at the hospital and replace all the windows in the place. One of the difficulties we have is recruitment of physicians and physician extender centers.

We are making progress in that effort. We no longer have any foreign-born, foreign-trained physicians at Miles City, and we will continue to do that. The matter of a psychiatrist, we have none in eastern Montana and are working at that through a cooperative venture with several other agencies in eastern Montana, and we hope that in the near future we will have solved that problem.

I hope that the foregoing comments have shed light on and clarify some of the efforts we are making in the areas of concern at this hearing. I am pleased to have been able to address the subcommittee on these matters and will be happy to answer any questions that may require further elucidation.

[The prepared statement of Mr. Bohn appears on p. 82.]

Mr. MONTGOMERY. Thank you very much for your statement.

I would like to hear from Mr. David Armstrong, who is the administrator of the Veterans' Affairs Division and a representative of the American Legion, Department of Montana.

**STATEMENT OF DAVID W. ARMSTRONG, JR., ADMINISTRATOR,
VETERANS' AFFAIRS DIVISION, DEPARTMENT OF SOCIAL AND
REHABILITATION SERVICES, STATE OF MONTANA**

Mr. ARMSTRONG. The Montana Veterans' Affairs Division and the American Legion Department of Montana appreciate this opportunity to present some concerns voiced by veterans of Montana. My name is David Armstrong and I am the administrator of the Veterans' Affairs Division and the department service officer of The American Legion. The Veterans' Affairs Division maintains 9 field offices from which the 56 counties of the State are serviced.

At the outset, I wish to make it clear that in general the care and treatment at the Fort Harrison and Miles City VA hospitals are very good and so is the quality of service given by the regional office.

Of primary concern to us is the constant complaint that certain doctors at both hospitals are less than interested in treating veterans and in many instances suggest that the veteran should take his business to local doctors or hospitals. We hear complaints that extraordinary amounts of time are spent waiting before the patient is examined and finally admitted or treated.

We constantly hear that the veteran was only seen by a nurse and not by a doctor. It is, of course, possible that the average veteran does not understand what a nurse practitioner is trained to do. This is especially true of agent orange exams.

Concerning agent orange exams, most veterans are dissatisfied as very few veterans are never completely informed of the results of the exam, either good or bad. As in the past, we find it difficult to understand the transferring of patients to the Salt Lake Hospital for surgeries that could be handled by local specialists. The regional office from time to time requires the submission of form after form, many of which are repeated requests, to the point the veteran feels he is being hassled.

The delays in arriving at a decision become months instead of weeks. We also are concerned with the seemingly large number of statements, documents, reports, et cetera, that become lost before being included in the C-files or medical files. The lack of travel pay, slowness of filling prescriptions, slowness of paying bills for outpatient treatment, the \$55 limit for outpatient treatment, denial of payment for emergency filling of prescriptions at local drug stores sum up most of the complaints made to our office.

Public Law 97-37, the Former Prisoner of War Benefits Act of 1981, provides for outpatient treatment for those who were prisoners of war for more than 30 days, providing that the treatment is done at a VA hospital. Here in Montana it rapidly becomes apparent it is ridiculous to expect a former POW to travel as much as 300 miles to receive outpatient treatment for any condition not requiring hospitalization. [Applause.]

Few individuals realize that in Montana it is nearly 800 miles from Yak to Alzada.

Thank you for letting us briefly bring these points to the committee's attention.

Mr. MONTGOMERY. Thank you very much, Mr. Armstrong, for coming right to the point.

Our next witness is—you are the State commander?

Mr. MACKINTOSH. No, sir. To correct the record, Mr. Chairman, I am past commander.

Mr. MONTGOMERY. I met the State commander last night, as I met you. You may proceed.

**STATEMENT OF FREDERICK MacKINTOSH, COMMANDER,
DEPARTMENT OF MONTANA, DISABLED AMERICAN VETERANS**

Mr. MACKINTOSH. Thank you, Mr. Chairman. We appreciate you bringing this most vital committee to our State. The services to veterans could be improved in many ways but because of limitations implied by your invitation, that will hold us down to most vital issues. We call your attention to the lack of concern in the development of many claims of combat veterans, post-traumatic stress, combat fatigue and former prisoner-of-war cases where inadequate conditions are being accepted for rating purposes.

A physician performing examinations for VA compensation purposes should be aware that the report of his or her condition will become a permanent record. The report will be referred to, not only at the time of the next review of the case, but also from time to time throughout the life of the veteran and even after his death. The purpose of these conditions is to establish the presence of or absence of disabilities, injuries or residual conditions and to record findings indicative of the disabling conditions so they may be evaluated.

Since financial obligations are often involved, good examinations are often involved, good examinations of applicants for disability compensation are imperative. An inaccurate examination may lead to the acceptance of a substandard report. An incomplete or perhaps biased examination may deprive a veteran and his dependents the benefits to which they are fairly entitled.

The adjudication officer who has been assigned since January 1979 is antiveteran. VA people in charge of the center at that time were aware of his shortcomings and track record in Alaska and Boise VA facilities, but regardless were forced to accept him here. We call your attention to the fact that there has not been a full-time medical rating specialist assigned to the rating board at Fort Harrison for many years, nor have we had a legal board member since February 1980. We maintain they should be the two most important members comprising a three-member rating board on the basis that quality ratings require the good knowledge and medical advice of a full-time medical member and the advice of a good legal authority to appraise evidence submitted in support of various combat veterans' claims.

We feel that the adjudication officer at the Center does not have the expertise, desire nor background necessary to function properly as an adjudication officer, in that he does not utilize the intent of the VA ratings schedule as regards the reasonable doubt doctrine, circumstance of service, combat—POW experience, the history of

life-threatening situations, et cetera, nor has he demonstrated that he understands the considered opinions of specialists in their fields, psychiatrists and psychologists, nor does he thoroughly and conscientiously study evidence of record in light of the established policies of the VA to the end that decisions will be equitable and just as contemplated by the requirements of the law.

Too often sufficient emphasis is not placed on the intent of the law. In fact, we feel that too often the intent of the law is wholly disregarded. We feel that the lack of—

[Applause.]

Mr. MACKINTOSH. We feel that the lack of professionalism and procedure is directly responsible for strained public relations brought on by dogmatic and uncompromising decisions at this center. We feel that the great combat veterans of Montana are as deserving of good rating board practice, examinations and treatment as the veterans of Massachusetts, New York, Texas, Florida, Ohio, and Mississippi. Whether a board handles—

[Applause.]

Mr. MACKINTOSH. Whether a board handles 18 or 30 cases a day does not matter. What is important is that all cases should be afforded the same degree of knowledge and attention. Following World War II, with 78,000 veterans in Montana, we had three full-time rating boards at this center. Now with 106,000, we have less than one. We feel a concerned, qualified adjudication officer could correct these unjust conditions.

Mr. MONTGOMERY. The Chair would like to give the gentleman 1 more minute. I am sorry that our time is running out, but certainly the Chair will give any courtesy to the commander.

Mr. MACKINTOSH. Thank you.

Unfavorable rating conditions have been protested on the basis that examinations performed by the VA fee basis physicians in the field were completely inadequate for rating purposes, as examiners did not have access to the veteran's claim file, supporting evidence and/or medical records for review prior to and at the time of the examination, and no other information was provided the examiner despite that he was supposed to do what the VA refers to as a C. & P. examination.

In some cases when the claimant reported, the examiner asked what he was supposed to examine the veteran for. We protest such ratings on the basis that such examination was substandard or inadequate.

Consequently, a method was to be established whereby the adjudication officer and others involved in the examinations agreed that they would extract and make copies of and make available to contract examiners in the field evidence from the claim file, especially in post-traumatic stress, former POW and combat cases.

Documents such as certified statements, buddy statements and/or copies of letters written to officials in high authority by the veteran, such as Hon. G. V. "Sonny" Montgomery, chairman of the House Veterans' Affairs Committee; Hon. Alan K. Cranston, chairman of the Senate Veterans' Affairs Committee; Max Cleland, former Administrator of Veterans' Affairs; and Robert Nimmo, Administrator, Veterans' Affairs; so the examiner in the field would have some data concerning the circumstances of service, life-threat-

ening situations, et cetera, and have some understanding of what was involved.

Somewhere in the shuffle there has been a complete loss of communication within the VA system and the system was designed to see that this procedure was accomplished, and nobody in the VA apparently wanted to accept responsibility. Later the problem was brought up, and again assurances made that the policy would be put into effect. Now the VA indicates they cannot carry out their responsibilities. Where do Veterans' Administration priority lie? We find that examinations made on station for nonservice pension-connected cases are very adequate.

If we cannot get reports from contract field examiners, certainly the VA could schedule these former POW's and combat cases to an examiner who should have access to the claim file. We cannot erase from memory or the record the fact that it was only by organized effort of veterandom, Senator Mike Mansfield, Senator Lee Metcalf, and Senator John Melcher, who at that time was a U.S. Congressman, that the VA Hospital in Miles City, Mont., was finally removed from the list of hospitals scheduled to be closed by June 1965.

It is a disgrace to the Nation and veterandom that VA hospital facilities in Miles City and Fort Harrison may again be slated for the axe at a time when the Pentagon is urging the Nation's civilian hospitals to set aside about 50,000 beds to help care for heavy casualties that would be expected early in a major war.

I thank you, Mr. Chairman.

[The prepared statement of Mr. MacKintosh appears on p. 86.]

Mr. MONTGOMERY. Thank you, Commander.

Let me say that as long as the two gentlemen with me are in the Congress, we are certainly going to try to protect the veterans' hospitals in Montana and other places across the country. In fact, we have implemented into the law, and the administration didn't like it much, but before they can close one of these major facilities they have to come back to the Congress and tell why they are closing these facilities.

Also, we have enacted legislation this year which will make the VA hospital system the primary backup to the Department of Defense in time of war or national emergency.

God help us if we ever have another war but I think we should take care of our own. If we do have wounded we put them, after filling up the military hospitals, into veterans' hospitals in Montana and other places. That is where they belong and that is what the Congress will try to protect.

I won't make any other comments, but I would like to ask any of the members if they have questions.

Mr. Daschle, you are a member of this subcommittee.

Mr. DASCHLE. Thank you, Mr. Chairman. I want to thank the whole panel for their testimony, and I want to especially thank the Commander, Commander MacKintosh, and Mr. Armstrong for your excellent testimony. There are two questions that someone in Congress poses every time problems come up. One, is the basis for the problems that we are experiencing attitudinal or are they policy problems? If they are policy problems we change the law. If they are attitudinal problems we change the people.

I am trying to figure out from what you have told me whether the basis for which we find some of these very serious problems that you have outlined here, and very eloquently outlined here, are they attitudinal problems or are they policy problems that we can address by further altering current law or regulations? How would you rate that? Do you feel that the law is inadequate or do you feel that it is an attitudinal problem that we find within the Veterans' Administration itself?

Mr. ARMSTRONG. I am not really sure I can adequately answer that. It has been obvious in the comments made to us on the doctor situation, that has to be attitudinal. For a long time we have felt that somehow the word is getting down to admitting doctors, don't admit, or limit the admissions. We can't put a handle on it. We can't pinpoint it, but this is the feeling we get. And it is just that, a feeling. We don't know how to label it other than that it is a feeling.

Mr. DASCHLE. Commander MacKintosh, how would you address that?

Mr. MACKINTOSH. I think possibly it is more or less on the administrative side, not locally but federally. Like our adjudication officer was transferred out of State. His previous track record, like we stated, in Alaska and Boise wasn't good at all, and then he comes back in at a higher rate—he is the head adjudication officer here, and I don't think our administration locally here is responsible for that, but that should be corrected, sir.

Mr. DASCHLE. On a scale of 1 to 10, how would you rate the current services and the kind of attitude that you now are confronted with within the Veterans' Administration in Montana?

Mr. ARMSTRONG. As far as medical or regional office?

Mr. DASCHLE. Well, both.

Mr. ARMSTRONG. The medical service, basically we hear very good comments. We also hear the occasional complaint, they didn't do this, they didn't do that, we never saw a doctor, my bed wasn't made or changed for 1 week.

Mr. DASCHLE. That might be an 8 or 9, and the regional office—

Mr. ARMSTRONG. The regional office, I will have to state that over the years I have found them generally very compassionate, very willing to try and bend the regulations to fit the situation. In many cases they have called me and said, can you get a hold of so-and-so and get this piece of information. If you can, we will be able to help you.

Mr. DASCHLE. I am very limited in time, so if you could be as succinct as you can. What you are telling me is in contrast to what your statement says. Your statement indicated that you had some serious problems and now you are telling me that it looks pretty rosy.

Mr. ARMSTRONG. The admitting process I would rate probably at 7. On the adjudication on the regional office side of it, 6 or 7.

Mr. DASCHLE. Would you agree with that analysis?

Mr. MACKINTOSH. As far as medical, I have nothing but real good medical care out there and a lot of the patients that I know have. But on the administrative side, and possibly this is because of

Washington, the head office, it would have to be rated pretty low, sir.

Mr. DASCHLE. I am out of time. I had other questions, Mr. Chairman, but I can submit them for the record.

Mr. MONTGOMERY. Mr. Williams?

Mr. WILLIAMS. Thank you, Mr. Chairman.

I want to thank each of you gentlemen and friends for being here with us today. Directors Caldwell and Bohn, either of you may answer a couple of specific questions I have.

I have other questions for you, but we will ask those later in the hearing. Many veterans tell me that they experience problems with the service-connected outpatient treatment cards. This seems to be an area of real concern. Administratively, can either of you recommend a more efficient method for the distribution and monitoring of the outpatient treatment cards?

Mr. CALDWELL. Could you tell me just a little bit more about the type of problem? The purple cards that were issued about 3 years ago were to give priority to the service-connected veteran. I think that helped—certainly helped the situation in giving attention to the service-connected veteran.

If it is regarding maybe getting care in their community in some of the remote areas, which was mentioned in previous testimony, this sometimes is a problem because in our efforts to say half some sort of monitoring of quality of care, and certainly we have to be aware of the budget overall because it has not been keeping up with inflation, we have had to institute some things such as we certainly will take care of emergency care for the service-connected veteran in the outlying areas.

We make every effort to get them into a VA hospital or to mail out their certificates to them as soon as possible after they will have had a chance to have an emergency prescription filled. That is the only thing I can think of that might be the most serious problems that I see with that.

Mr. WILLIAMS. I received a lot of contact from veterans who seem to indicate that the information and assistance that they received from personnel at both Fort Harrison and Miles City is often conflicting within the same hospital. I suspect that that is due to changes in rules and regulations, either in-house or sent down federally. Are you aware that the veterans are concerned about conflicting information, and if so, is that because of perhaps unavoidable changes in regulations?

Mr. BOHN. Sir, I don't believe so. I think what may have happened, all of the rules and regulations, of course, are written by human beings in Washington. They are written in a way to give a fair amount of latitude in their interpretation, because situations in Montana are not the same as in other States. What often may happen when there is a change in personnel, someone may interpret them more rigidly or less rigidly than has been the case in the past.

Mr. WILLIAMS. You have in-house training then, when personnel move, so that the bridge from one officer to another is smooth and efficient for the veteran, for the client?

Mr. BOHN. This is done, but I am suggesting there may have been a more liberal interpretation that might not have been cor-

rect, and when that is then corrected, obviously you are going to have misunderstanding among veterans: Why did I get this before and why do I not get this now, or I have gone to another medical center, I get this particular thing and don't get it here.

I think this is the sort of thing you were alluding to.

Mr. MONTGOMERY. Mr. Daschle and I have a couple of questions here to VA personnel. Throughout the country we have 800 beds closed in VA hospitals due to a shortage of nurses. Do we have beds closed here, do we have enough registered nurses?

Mr. BOHN. As far as Miles City is concerned, I am happy to report we do not have a problem recruiting nurses. We have a fine associate in the nursing program next door to the hospital and are able to recruit all the nurses that we need.

Mr. CALDWELL. In Helena and Fort Harrison our problem is not recruiting nurses. We have a fairly good supply of qualified nurses.

Mr. MONTGOMERY. I have heard several complaints since I arrived here last night that it does take an extraordinary amount of waiting time for either outpatient treatment or admittance into veterans' hospitals here in Montana. Now, we have that problem all over the country. You have been in other hospitals—are long waiting times more of a problem here, is this a legitimate complaint? Brief answers from each one of you.

Mr. BOHN. As far as I am concerned, no; the waits are very reasonable and we are staffed adequately to handle that. It is much worse in other hospitals I have been in in the country.

Mr. CALDWELL. Probably any complaints we have on waiting may revolve around getting to see a subspecialist which we don't have on our full-time staff, and certainly this is unavoidable, and we make every effort to improve on that.

Mr. MONTGOMERY. Do you have a computer system in Montana to schedule veterans into the hospitals or outpatient clinics?

Mr. CALDWELL. No, we do not. With a recent lifting of some restrictions on computers, we hope to get centralized computers.

Mr. MONTGOMERY. On the prisoner-of-war benefits of 1981, I was quite proud of that legislation, being the author of the legislation. I am a little concerned that we are getting some complaints. I hope that the administrators of these hospitals could straighten them out. I know we are going to have some kinks in new major legislation for those 100,000 who have special problems which research and studies have proven, but I would just appreciate your watching that situation.

Mr. Daschle?

Mr. DASCHLE. Thank you, Mr. Chairman. I will try to be brief. Do I understand, Mr. Caldwell, that we will soon be contracting out for psychological outreach services for the first time? I know that there are going to be five such services provided throughout the country, and it is my understanding that Montana was at least tentatively selected for one of those contracts. Can you give us a brief summary as to the status of that right now?

Mr. CALDWELL. About 6 weeks ago we did receive money to begin the contracting out of the Outreach program. The announcement was put out. We have accepted bids until yesterday. We have a panel that will review those applications and we expect that this

will be awarded within the next week to those applicants. Right now I couldn't tell you who applied or what the qualifications were.

Mr. DASCHLE. Where will the services be provided?

Mr. CALDWELL. Helena, Kalispell, Missoula, Butte, and Great Falls.

Mr. DASCHLE. What kind of advertising, if you will allow me to use that word very loosely, do you intend to provide to assure that veterans are made aware of this service as soon as possible?

Mr. CALDWELL. There has been quite a bit of publicity on this already. We do plan to have a press release on this.

Mr. DASCHLE. So starting within a couple of weeks the VA will have Outreach facilities, Outreach services I should say, throughout the State for the first time; is that what you are telling me?

Mr. CALDWELL. Right, on a contract basis. There is an Outreach Center in Billings which is under the jurisdiction of Miles City. These five that we are talking about are on a contract to private mental organizations or individuals.

Mr. DASCHLE. I would be interested in coming back or asking for some kind of report from you as to how you feel the contracting out on this is working. Obviously our intent is to get the service provided to everyone, and to the extent possible I think that these services are crucial.

Let me go on to just two other questions.

How many agent orange victims have you treated? How many agent orange medical treatments have been provided, and what kind of demand has there been? It is unclear in your statement as to whether you are meeting the demand.

Mr. BOHN. We have conducted 270 such examinations since the program started.

Mr. DASCHLE. Are there any people on a waiting list right now?

Mr. BOHN. No, sir. There was a period 8 or 9 months ago that we had 8 or 10 people on the waiting list, but that has been taken care of. We have admitted a number of those individuals to the hospital where there was a question that they had related medical problems. You will recall that is now possible today.

Mr. DASCHLE. A statement was made, and I would like to have you respond, because it really goes to the very heart of the problem that we have in the law. Obviously we can write the best law possible, but if laws aren't being complied with, then there is no sense in even passing the legislation.

We have a requirement in the regulations that veterans be told, be completely informed as to the results of exams, good or bad, and now we are told that they aren't being informed, and this isn't unique to Montana.

How do you address that?

Mr. BOHN. There are several ways this is done. Following the completion of an agent orange exam, which follows rigorously defined protocol, they are sent a letter explaining what, if anything, was found. In instances where there was any question, they were asked to come back and some further testifying was done. In instances where there might be related medical problems, we admit them to the hospital and do a very thorough medical workup. Many of those things may not have any bearing on agent orange, but that is done anyway.

Mr. DASCHLE. Do you tell them if there is nothing wrong?

Mr. BOHN. Absolutely.

Mr. DASCHLE. That goes in conflict with the statement presented earlier, so you might want to resolve that with the veterans' organizations and veterans. They apparently think they haven't been told.

Mr. BOHN. I addressed the situation about the attitudinal surveys done, that gives only a capsule idea of how the veterans view the care. What I would encourage a veteran to do who appears to have that problem is to make an appointment either to see our chief of staff or myself, and we can then short circuit a problem like that and get it back on track.

Mr. DASCHLE. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Mr. Daschle.

This has been an excellent panel. Thank you for being here. We would like to ask the two Veterans' Administration personnel if they would stand by. Thank you very much.

Next I would like to call to the witness table Mr. Greg Rodriguez, president of the Ex-POW Vision Quest, Missoula, Mont., Mr. W. W. "Pappy" Whelchel, who is a former prisoner of war from Tulsa, Okla., Mr. O. J. Karnes, Bothell, Wash., and Mrs. Fran Agnes—

Mr. RODRIQUEZ. She is not here.

Mr. MONTGOMERY. The last witness, Mrs. Agnes, is not here.

You have seen the standard we have set here. If you would summarize your statements, the full statement will be put in the record. As we get into the questions, we can dig into areas which need to be dug into.

Greg, go ahead.

STATEMENT OF GREG RODRIQUEZ, PRESIDENT, EX-POW VISION QUEST, MISSOULA, MONT.

Mr. RODRIQUEZ. Mr. Chairman and members of the committee, I want to thank you first for coming to the great State of Montana, the Big Sky Country. Let me express my gratitude for this opportunity to appear as a witness today. In western Montana, we are privileged to have Pat Williams, a man of remarkable ability and eloquence, to represent us in Washington.

Representative Pat Williams has consistently demonstrated his concern that Montanans maintain our quality of life. His action in bringing the Veterans' Affairs Committee to hear the rank and file testify about their concerns is further evidence of his commitment.

My testimony will deal with the problems facing former prisoners of the Japanese and their families.

Three recurring themes are found among Far East POW's and their families: Frustration, over lack of treatment and adequate compensation; concern, that health problems seem to be multiplying at an accelerated rate; that is, "premature aging"; and abandonment, both in the Philippines and now.

H.R. 1100 was a great stride forward, and I appreciate your fighting for the psychneurosis clause. Posttraumatic stress disorders are not a new theme to POW's, and the inclusion of an outreach program I believe requiring the VA for the first time to identify the target population that they are allegedly serving was great, and I

think that if you check and see how many POW's the VA has been able to locate out of the 96,000 they claim they have served, you will find it is surprisingly small.

I want to deal now with the coverup of germ warfare experiments conducted by General Ishii and Unit 731 in Mukden. These men that were in the Philippines and were shipped to Manchuria have been written off and told that there are no records. We are calling today for the establishment of a Canadian-style social safety net with automatic compensation for Far East prisoners of war and widows. We are also calling on the Veterans' Administration to locate, identify, and treat the fevers of unknown origin that plague these men.

In July 1978 my father, Gregory Rodriguez, Sr., was hospitalized for the fifth time in 4 months. The infection that constantly sweeps down upon him includes not only chills and fever, but also painful delusions of being once again captive and under Japanese domination.

From 1974 to 1978 I served as health educator and program planning director of the U.S. Public Health Service in Montana on the Flathead Reservation. In this capacity, it was my duty to identify program areas for both emphasis plans and unmet health needs. An emphasis plan is simply a reordering of existing services. An unmet health need is a health problem area which cannot be dealt with or be addressed with existing staff and funds. Today, despite your noble efforts in H.R. 1100, ex-prisoners of war who were interned during Pacific actions in World War II represent an unmet health need in the Veterans' Administration. It is estimated that of the 16,000 Pacific ex-POW's who returned to the United States, only 4,000 are alive today. These survivors desperately need patient education.

This document will present evidence which underscores the need for accommodation by the Veterans' Administration toward these men. I will show that Far East POW's were used as guinea pigs in Mukden, Manchuria. These records have been stamped "Top Secret" for 40 years. I realize I am dealing at this point with a very sensitive matter, and I am willing to deal with the appropriate representatives as far as any evidence which may be presented. I have a great deal of evidence, and I did not submit it all at this point.

Already this issue is receiving national and international attention; on April 4, 1982, the news program "60 Minutes" broadcast a program titled "War Crimes." This featured John W. Powell, who discussed the MacArthur-Ishii coverup in detail, and also provided a glimpse of the Tokyo Broadcasting System film, "Unit 731." The literal translation of the title is, "A Scar Left by the Devilish Unit 731." The producer of the film, Haruko Yoshinaga San, has provided a statement that I would like to insert at this point.

[The information follows:]

STATEMENT OF HARUKO YOSHINAGA, CHIEF DIRECTOR, TOKYO BROADCASTING SYSTEM, INC.

Since 1972 TBS news documentary group which is headed by Chief Director Haruko Yoshinaga has been conducting researches and news gathering activities on the subject of 731st Unit. 731st Unit was an ultra secret biological warfare unit of former Japanese Imperial Army during the World War II.

The headquarters of 731st Unit was located in Pingfang, Manchuria and had been developing bacteriological weapons as well as conducting living body tests on nearly 3000 Chinese and Russian POW's for medical and scientific researches until 1935 when Japan was defeated.

When we began our probing the situation was extremely difficult, since there was no list of scientists who were engaged in the above mentioned affairs was available, and the former members of the unit had hidden their identities. Starting from that point we searched for former members among universities, medical research institutes and hospitals and looked for their places of retreats, and tried to take records for the past ten years. However, most of the former members refused to talk to us; some of them started to shudder when they had to face us. However, as the result of our patient and unflagging efforts several former members started to talk to us about 731st Unit.

Currently we are trying to find out and cover where the valuable and enormous amount of research findings of 731st Unit accumulated as the result of living body experiments went after the War was over.

As to the living body tests which were said to be conducted on American POW's, we still have not made much progress.

Tokyo Broadcasting System graciously provided Ex-POW Vision Quest with a copy of the film. This resulted from the efforts of Senator Max Baucus and the Honorable Mike Mansfield. This film is available for screening by all FEPOW's.

President Franklin D. Roosevelt had a policy of "Germany first," and supplies were routed to the European theater first. Gen. Douglas A. MacArthur was ordered to Australia. On March 11, 1942, MacArthur fled from Corregidor, abandoning his men to their fate. On April 9, Bataan fell and the infamous "Death March" began. On April 24, the Japan Times & Advertiser printed an article which said:

They (the Allies) surrender after sacrificing all the lives they can, except their own, for a cause which they know well is futile; they surrender merely to save their own skins * * *

They have shown themselves to be utterly selfish throughout all the campaigns, and they cannot be treated as ordinary prisoners of war. They have broken the commandments of God, and their defeat is punishment.

To show them mercy is to prolong the war. Their motto has been, "Absolute unscrupulousness." They have not cared what means they employed in their operations. An eye for an eye, a tooth for a tooth. The Japanese Forces are crusaders in a holy war. Hesitation is uncalled for, and the wrongdoers must be wiped out." (Toiand, 1970, pps. 342-44.)

On May 6, 1942, Corregidor fell and the holy warriors had guinea pigs of a different color. Chinese, Russian, and American POW's were isolated and infected with numerous pathogens.

Mr. Chairman, I submit that the Pacific war was a racial war. American prisoners of war were experimented upon by the Japanese at Mukden.

I have refused to bow before circumstances and keep truth behind closed doors. Gen. Douglas A. MacArthur left his men in 1942 and sealed their fate in May of 1946 by promising the war criminal General Ishii immunity from prosecution if he would surrender the records of Unit 731. This collaboration between MacArthur and Ishii is unsavory to say the least. The lives of the American FEPOW's experimented on by Unit 731 at Mukden were forfeited in the name of national security.

Again, I call for parity for FEPOW's. I ask Congress to establish a Canadian-style social safety net with automatic compensation for FEPOW's and their widows. I ask that the Outreach program in

H.R. 1100 be used to implement a patient education program for FEPOW's pertaining to fevers of unknown origin.

Mr. Chairman, you are aware of the health problems that have been endemic in FEPOW's. The committee also has been told "There are no records." There are records, and I hope that the enclosed declassified documents will provide insight into the callous and culpable conspiracy between MacArthur and Ishii.

The question is not who is to blame, but rather what can we as a nation do to ameliorate the plight of FEPOW's.

I want to thank the committee for listening to this muted cry for help. Please act before it is too late to establish justice for the FEPOW's and their widows.

[The prepared statement of Gregory Rodriguez appears on p. 88.]

Mr. MONTGOMERY. Now there are some areas in your testimony which are not sure full within the jurisdiction of this subcommittee or the full committee. They may be under the Defense Department. I would like to say for the record, though, I disagree with your statement on General MacArthur.

The Chair now recognizes the next witness.

STATEMENT OF W. W. "PAPPY" WHELCHER, FORMER PRISONER OF WAR, TULSA, OKLA.

Mr. WHELCHER. First of all, Chairman Montgomery, I wish to express appreciation of your inviting me from Tulsa, Okla., to come before this committee and to give my statement. The statement that I will read is only a generalization of the conditions that I, and others, went through during our incarceration with the Japanese forces during World War II. Dates that will be read by me will be dates that were in the Philippines and the Far East and not the United States. At the end of reading this. I would like to make a short statement on some of the things as a result of these things I have read in here that we come in contact with as far as medical and compensation that these veterans go before the Veterans' Administration and are denied.

My name is Warren W. Whelcher. I was formerly a master sergeant with the 200th Coast Artillery Anti-Aircraft Regiment at the time the Japanese Armed Forces attacked the American and Philippine Armed Forces in the Philippines on December 8, 1941.

On April 9, 1942, all American and Philippine Armed Forces on the peninsula of Bataan were surrendered to the Japanese Armed Forces. This was the beginning of one of the most dehumanizing experiences ever perpetrated on humans. First was the infamous Bataan Death March, where we, as human beings, were subjected to beatings, killings, and forced marches during the heat of the day after being deprived of food, water, and any medical attention whatsoever.

Upon arriving at Camp O'Donnell, Capas Tarlac, we were still deprived of adequate food, decent sanitary conditions, and medicine. As a result of these conditions, several thousand Americans and Filipinos died from dehydration, dysentery, malaria, and other tropical diseases.

Around the 1st of July in 1942, we were put in narrow-gage train boxcars at Capas Tarlac to be sent to Camp No. 1 Cabanatuan; 100

American men were crammed into each of these boxcars, and the doors were closed tightly for the journey from Capas Tarlac to Cabanatuan. Many of our American men died of suffocation during this trip.

The conditions at Cabanatuan were not much better, if any. During my short stay at Cabanatuan, I was on the burial detail for 33 consecutive days. The camp was mainly activated to segregate the Americans from the Filipinos.

Around the 1st of October, 1942, a group of American soldiers, numbering over 2,000, were taken to Manila and put on the Japanese ship the *Totori Maru* and shipped to Japan and Manchuria. During this trip we were kept in the holds of the ship except for a period in the morning and a period in the afternoon of approximately 20 minutes for fresh air. We had no access to toilet facilities on the ship; we were given a few 5-gallon cans to use for our human wastes, and when the cans ran over, the Japanese made no effort whatsoever to have them replaced or removed from the holds in which we were forced to live. Men had to walk through this human excrement. Food was not adequate to sustain the human body; there were no medical supplies for the Americans. Many of the Americans died from exposure due to inadequate clothing for the cold climate that we entered; others, due to the unsanitary conditions we were subjected to, died from dehydration as a result of dysentery.

Landing at Pusan, Korea, approximately 150 of the Americans who were in the worst physical condition were sent to a building that was set up as a hospital, and I was 1 of the 150. The rest of the Americans that were taken off the *Totori Maru* were sent on to a camp in Mukden, Manchuria. During our stay at this improvised hospital, we were extended no medical supplies, food was better than we received on the ship, but was too late for almost one-third of the men, as they died at Pusan.

After our stay at Pusan we were put on trains and sent to Mukden, Manchuria ourselves. Upon our arrival, we were taken to a barracks that was isolated from the other prisoners that had preceded us. After a period of time, a group of five or six Japanese medical personnel entered our barracks and called out various prisoner-of-war numbers that we had been assigned. The medical personnel gave the Americans various shots discriminately; not all the prisoners were given the same type of shots. This caused a considerable amount of anxiety among our group, as we felt that we were being tested for bacteriological immunity for their possible use of bacterial warfare against the Allied troops in the Far East.

It must be emphasized that we, as a group, did not receive the same shots. Some persons were checked for oral and rectal temperatures, some for the whelps the shots caused, rectal tissues from some, rectal smears from others. All personnel were sprayed in the face by some kind of spray from a spray instrument similar to our Flit spray guns. After we were allowed to associate with the other prisoners, we ascertained that we were the only ones that had received this treatment. It should also be noted that the Japanese medical personnel were keeping accurate records of each and every one of us in this one barracks.

Gentlemen, this is a typical way in which we were being treated as prisoners of war of the Japanese, those of us who were off of Corregidor and Bataan. I was off of Bataan and made the infamous Death March and was fortunate enough to live through it. Our personnel, upon being returned to the United States, as a whole only wanted one thing. They had lived in hell for almost 3½ years. The only thing that they wanted was to get out of the service, get back home and take up life as they knew it previous to their incarceration by the Japanese Forces. As a result of this a lot of our people, when they went to the various Army hospitals, would lie, saying they had never had any diseases, they were in good health, in order to get out so they would not be detained. I, for one, started out that way. They were going to discharge me from the service. I was sent from Bruns General Hospital in Santa Fe, N. Mex. to Fort Bliss, Tex., and during that period of time I had 90 days temporary duty and I came down with beriberi again to the extent that I could hardly walk. I tried to check into the Army hospital at Amarillo and they said we cannot handle you, we have no facilities, we do not understand your problems. Go back to the other hospital.

I checked in to Bruns General Hospital and spent 1 year and 3 months in that hospital.

Mr. MONTGOMERY. The Chair is going to have to limit you to 30 seconds more. I have already given you more time—I am sorry we have to do that.

Mr. WHELCHER. Thank you.

As a result of us not having medical records, Mr. Chairman, we have problems today of various individuals who go before the Veterans' Administration over the Nation and they say look, what is Bataan? We never heard of it. You people, we have two cases that I can name and give names to that says look, Americans do not have beriberi, scurvy, pellagra, the various medical diseases you are talking about. We cannot believe the truth in any of your statements as a result of this.

Mr. Chairman, what can we do under those circumstances?

Thank you, sir.

Mr. MONTGOMERY. Thank you. That was a very good summary there. Thank you.

[The prepared statement of Warren W. Whelcher appears on p. 92.]

Mr. MONTGOMERY. The Chair would like to recognize Mr. Karnes from the State of Washington.

STATEMENT OF O. J. KARNES, BOTHELL, WASH.

Mr. KARNES. Thank you. To the honorable members of this distinguished subcommittee, let me first express my deep appreciation for the opportunity to appear and give testimony on behalf of the plight of former prisoners of war. I especially appreciate the invitation and opportunity to be here, since I am not a former prisoner of war and therefore do not have a personal ax to grind.

Before I make a few comments about the Veterans' Administration treatment, or lack of treatment, for former prisoners of war, I would like to introduce myself and give you some of my background so you will know where I am coming from and that I am

speaking from experience and not hearsay or secondhand information. I am a veteran of over 22 years of naval service. From July 1970 to March 1980, I was a veterans' benefits counselor with the VA Regional Office in Seattle, Wash. For over 7 years of that time, I was a supervisory veterans benefits counselor.

Information that I have comes from the inside and not the outside, so I can assure you that it is accurate.

My experience with the VA Medical Center in Fort Harrison is limited to two former prisoners of war. At their request, and after having them sign the proper release forms, I requested copies of their military and VA medical records so I could assist them in pursuing their disability claims. Those records were requested under the Privacy Act, and even though that act states such records should be released within 10 days, it took direct correspondence with the Administrator and over 15 months to get records, and then I received records on only one veteran. This veteran, now residing in Martin City, Mont., had a nervous breakdown in 1969 and has not been able to work since 1970. Even though his records contain a statement from a private physician that he treated this veteran in 1945 or 1946 and found schizophrenic symptoms then, the VA has until just recently denied service connection for the condition. I am sorry I do not know the current status of his claim and will not until I see his wife in the next few days. The name of this veteran is Julius Ashbridge, VA claim No. 14-536-005.

The other veteran, Harry Greenleaf, VA claim No. 16-090-421, also has severe mental problems, and the last contact I had with him he was still being denied benefits for that condition.

Having dealt with former prisoners of war from all around the United States, I find that, generally, the treatment afforded them is about the same no matter where they reside. Later on, I will cite several examples of what I consider shabby treatment to a group who has given so much for their country.

But first, I would like to express appreciation for the passage of Public Law 97-37. From what I have heard, it has given some relief to the former prisoners of war as far as medical care is concerned. However, much more remains to be done to see to it that former prisoners of war are awarded just compensation for the disabilities they suffer today as a result of their torture and starvation while they were held prisoner. I am sure you will agree with me on one thing, that there is no way that a human can spend 3 to 4 years living under the threat of death daily, starved on little or no rations, and forced to do hard labor, and can come through such an ordeal a whole man in either mind or body.

I caution you, Members of Congress, that passing legislation to better the life of the former prisoner of war is not in itself going to accomplish the task. After you pass legislation, you will be told by the bureaucrats in Washington, who will be told by their field representatives, that the laws are being liberally applied. But I can assure you that is simply not the case. For example, Public Law 77-361 provided that in each case where a veteran is seeking service-connection for any disability, due consideration shall be given to the places, types, and circumstances of his service as shown by his service record, the official history of each organization in which he

served, his medical records, and all pertinent medical and lay evidence.

It went on further to say that in the case of any veteran who engaged in combat with the enemy in active service with a military or naval organization of the United States during some war, campaign, or expedition, the Administrator of Veterans' Affairs is authorized and directed to accept as sufficient proof of service-connection of any disease or injury alleged to have been incurred in or aggravated by service in such war, campaign, or expedition, satisfactory lay evidence or other evidence of service incurrence or aggravation of such injury or disease, if consistent with the circumstances, conditions, or hardships of such service, notwithstanding the fact that there is no official record of such incurrence or aggravation in such service, and, to that end, shall resolve every reasonable doubt in favor of such veteran.

If this law were being followed, gentlemen, do you think we would have so many former prisoners of war still fighting to get benefits from the VA?

Public Law 91-376, which became effective on August 2, 1970, was specifically designed to liberalize benefits for former prisoners of war. But I have not found a single former prisoner of war in the State of Washington who has benefited one iota from that law. I have challenged the bureaucrats in Washington, D.C., to show me a single case from Washington State of any former prisoner of war who has received any benefit from that law. Of course that has never been done. After it became law, business was as usual with the VA in Seattle. They still would not accept buddy statements from former fellow prisoners of war to substantiate a claim; they would still deny claims because medical records did not show the disability was incurred while a prisoner of war; and they did nothing to assist the former prisoner of war in establishing their claims. In fact, a former adjudication officer from Seattle told the former prisoners of war at their Washington State annual convention in 1978 that "there was nothing in Public Law 91-376 that helped them." I cannot believe that was the intent of Congress when they passed Public Laws 77-361 and 91-376.

The VA has a few standard procedures which they use to deny benefits to former prisoners of war. The most frequent one used is the statement "not shown in military service records," or words to that effect. Case in point. A former prisoner of war told the examining physician that a scar on his right foot was the result of a North Korean guard stabbing him through the foot with a bayonet. Now even though VA Program Guide 21-1, section N-3, states "The veteran's statement as to wounds or injury during or just prior to imprisonment will be accepted as proof of actual occurrence of the condition in question when residual disability is noted which can reasonably be attributed to the service incident," the VA Regional Office in Seattle refused to service-connect for the disability and actually rated it as nonservice-connected. That veteran, now deceased, was Cecil Preston, VA claim No. 19-304-670.

Another case was Ed Perry, VA claim No. 6-067-601, who was initially denied service-connection for gunshot wounds received just prior to capture. It was not until he provided the VA with a copy of his Purple Heart award letter that they agreed to service-connect

it. By the way, this former Japanese prisoner of war, held in excess of 3 years, is not receiving any compensation from the VA.

Another ploy the VA uses to deny benefits is to say there was "no evidence of the disability on last VA exam." When the POW comes in for an examination, the examining physician will only examine for the disabilities that are asked for by the regional office. If the regional office fails to ask for examination for all the disabilities that the POW is claiming, then the examining physician will not examine for it. It is obvious that when the examination is not asked for on a particular condition, the examining results come back and there is no evidence in that examination of that particular examination.

The laws and rules also state that reasonable doubt shall be ruled in favor of the claimant. But let me cite you just one example of where the reasonable doubt rule could have been applied but was not.

The former prisoner of war retired from naval service in late 1971 and his separation physical showed a spot on the left lung. In early 1977 he was diagnosed as having cancer in the left lung, and in December he died. He filed for service-connection for the cancer, and was denied by the Seattle Regional Office. When operated on in 1977, an oversized tumor was removed from the left lung. In December 1978 he died.

At my insistence, the widow then filed a claim for dependency and indemnity compensation, claiming his death was due to service-connected causes. Her claim was denied by the Seattle Regional Office. At a subsequent hearing with the Seattle rating board, I arranged to have the doctor who performed the exam and the operation to appear and testify on behalf of the widow. He stated at the hearing that in his professional opinion, and due to the size of the tumor removed, the spot on the former POW's lung found in 1971 was definitely the beginning of the cancer. The Seattle rating board, in their infinite wisdom, continued to deny benefits stating there was no evidence that the cause of death was related to any disability incurred in service.

Gentlemen, I know your time is valuable and can appreciate the extremely busy schedules you must keep. But I would strongly urge each of you, especially those of you, or your colleagues, who have offices in the same building as the VA, to take one-half a day of your schedule to look through VA claims folders of former prisoners of war you have heard from and see firsthand the shabby treatment the VA has been giving these men and women. If it is not convenient to do this, then have the VA transfer those files to the VA Central Office in Washington, D.C., and go there to look at them. Many former POW's have been trying to get benefits from the VA, that they are entitled to by law, ever since the end of World War II. That is nearly 37 years now. Certainly these people have a legitimate complaint and have waited long enough, and I would think you could spare a few hours of your time to help resolve this problem.

If you want a real experience, I suggest you arrange to have a VA exam by one of the regular compensation/pension examiners. I cannot fathom how they can do an examination in 3 to 5 minutes and call it an exam. However, when you read the writeups, it ap-

pears that exam took several hours. From personal experience, I can tell you some of the examining physicians would do better at fiction writing.

While this case I am about to discuss may not be typical in medical treatment afforded the former prisoners of war, the compensation claim is quite common. We have a situation in Washington State where a man spent 39 months as a prisoner of the Japanese during World War II. He was separated from service because of psychoneurosis, and in 1947 was rated by the VA at 30 percent disabling for psychoneurosis with anxiety state, moderate. In 1950 the rating was changed to traumatic encephalopathy manifested, and at 70-percent disabling. He was totally disabled for a period of time, but in 1967 his rating was again changed to chronic brain syndrome and 50-percent disabling. In 1977 the rating was again changed to anxiety neurosis, chronic, and remained at 50-percent disabling. In 1981 it was again changed to anxiety neurosis, chronic, with post-traumatic stress neurosis, and remained 50-percent disabling. Even though his condition continuously got worse over the years and he was forced to terminate employment, his percentage of disability never increased.

The main point of this case, though, is a visit to the VA Medical Center Seattle some 4 to 5 years ago to seek assistance. This former prisoner of war, who I know personally, has a severe mental problem. At the medical center he first saw a psychologist. He explained that he had a severe mental problem and was having difficulty coping and wanted to get some help. The psychologist said he would get help; wait and I will arrange for you to see a psychiatrist. After waiting some time, he was told to go to room so-and-so and see doctor so-and-so. The former Japanese prisoner of 39 months did as instructed and when he entered the doctor's office there sat a Japanese doctor—the one he was supposed to see. Gentlemen, that former POW literally went into orbit over that incident, and he has not recovered from it to this day, and that happened 4 or 5 years ago.

Gentlemen, this concludes my testimony. Thank you very much.

[The prepared statement of O. J. Karnes appears on p. 93.]

Mr. MONTGOMERY. The Chair recognizes Mr. Daschle.

Mr. DASCHLE. I want to commend each of you for some of the finest testimony I have heard on this committee for quite some time. It is new information for me. I have not been aware of the problem that you so correctly and eloquently stated this morning.

I have a couple of questions. How many veterans, how many ex-POW's were there, and how many are there now?

Mr. RODRIQUEZ. There were 96,000 prisoners of war in World War II of the Germans and Japanese, and 26,000 of those were American. That represented something like 23 percent of the total POW population, but the mortality rate was over 70 percent—70 percent of the mortalities among POW's were among Japanese prisoners of war.

Mr. DASCHLE. How many ex-POW's are there now?

Mr. RODRIQUEZ. Approximately 4,000. The outreach program should lead us to find out how many are in each State. In April 1978 a document was issued by the VA showing the number of Japanese prisoners of war receiving compensation in each State. I

would like the committee to ask for an update of that document that would give us a better indication.

Mr. DASCHLE. This obviously points to some specific concerns and problems that you have as ex-POW's, and what you are telling us is that right now that specificity, or that uniqueness, that you have is not being addressed at all within the VA; is that right?

Mr. RODRIQUEZ. Despite the interest of Representative Montgomery and H.R. 1100, that is true. You can pass all the laws you want, but who enforces them?

Mr. DASCHLE. You are telling us that you are getting very shabby treatment from the VA regarding the medical treatment that you were supposed to receive. If I can summarize your problem, No. 1 is shabby medical treatment, including pension examinations that are reportless, and second that you are not being compensated adequately for the experiences that you continue to have. Describe for me in brief what the Canadian social net is. You made reference to it, and I am not sure I know what they do for their ex-POW's.

Mr. RODRIQUEZ. That is a somewhat nebulous term, but I have learned it within the last 2 years.

Mr. DASCHLE. What we have now is a safety net, but give me your analysis of what a good safety net would include, especially as it relates to the Canadians.

Mr. RODRIQUEZ. The Canadians established in 1971 automatic compensation for their former prisoners of the Japanese. On page 130 of the study, Public Law 95-479, they refer specifically to this. The VA spent \$336,000 over a 14-month period to study 305 POW's. Of the \$336,000 that was spent, \$311,000 went to VA employees. Now, I believe they should live well, but one of the common complaints POW's have is they are going to study us to death. There is a need for study, but there is a need for compensation. These men cannot present their claims in the manner in which they must come forward, articulate what the enemy did to them; they must get supporting statements. Only by automatic compensation will there be justice. I am aware of your efforts with the Vietnam veterans and agent orange, and I think if the Vietnam veterans would look at the POW's, perhaps they will see that there is a metaphor, because you are being studied and sent to a war that you were not allowed to win.

Mr. DASCHLE. I find striking similarities and I share the anguish that you have, because a lot of our brothers are going through the same thing with a war that was more recent. I think you have done the committee a tremendous service in presenting this information. As the chairman stated, we do not have total jurisdiction, but within the realm of jurisdiction that we have, we certainly have some sympathetic members and a willingness and a determination to do something about it, and I thank each of you.

Mr. MONTGOMERY. Thank you.

Mr. Williams.

Mr. WILLIAMS. I want to thank you, gentlemen. Please take 30 seconds each and tell me what your ultimate goal is in discussion of this issue.

Mr. RODRIQUEZ. On the automatic compensation program, that study that the VA did showed that in 1971 Canada did establish automatic compensation, and this came about not only as a result

of the Richardson study, which was a scientific study, but because of general public pressure to increase benefits for former prisoners of the Japanese. I consider that a slap in the face—how can these 4,000 men work up public pressure so that they can get the attention of the appropriate people, when they can hardly articulate themselves?

Mr. WHELCHER. I am a member of the Bataan veterans, Corregidor and such. I had considerable contact with the prisoners of war and the problems that they were having before the VA due to the fact that we had no medical records from the Japanese, and the medical records upon return were very sparse. I am here to say that I am here to assist those ex-prisoners of war who can't help themselves.

Mr. KARNES. My ultimate goal is to see to it that the former prisoners of war get the just compensation that they are due. I cannot understand how two individuals who spent 3 to 4 years in a POW camp, how one can be rated totally disabled and the other not compensated. I would like to see that they get adequate examinations, and those people in the VA not doing their job ought to be moved on somewhere and retired.

Mr. WILLIAMS. Greg, can you tell the committee approximately how many POW's there are in Montana, and in addition, how many have been reached by the new POW legislation?

Mr. RODRIQUEZ. I was unable to obtain that information before this hearing. The last figure that I saw was that there were approximately 242 in Montana, and that only 151 were receiving any compensation.

Mr. WILLIAMS. Pappy, as you know, and Greg, as your father knows, I understand your father is here and he too was at Bataan and a former prisoner of war—those who were prisoners under those horrible conditions had a marching song, and some of the words to that marching song were these, and I quote, "We are the battling bastards of Bataan, no mama, no papa, no Uncle Sam."

I suggest, Mr. Chairman, that like all other citizens, these people too have an Uncle Sam, but that Uncle Sam has some promises that are not yet kept.

Mr. MONTGOMERY. Mr. Rodriquez, by your age and your looks, you were not on the Bataan march, and that you are not an ex-POW but your father was; is that correct?

Mr. RODRIQUEZ. That is correct. I think this is the first time that a family member has testified before the committee. A lot is known about the Jewish holocaust, but very little is known about this American holocaust.

Mr. MONTGOMERY. I was the author, along with the gentleman here on the panel today, of H.R. 1100, and the idea in that legislation, which is law now, is that for all prisoners of war, Spanish-American—we have some Americans that fought in the Spanish-American War still alive—and there were prisoners in World War I, World War II, Korea, and Vietnam, when they developed later psychological and physical problems that they could file claims. And if it seemed legitimate to the Veterans' Administration, then they would be given the benefits. So I would hope that a Bataan prisoner, one who also was tortured by the Japanese, would be cov-

ered under the legislation if they could prove their case, and that was and is the whole purpose of the legislation.

It is probably a question that would be hard for any of you to answer, or maybe Mr. Karnes could answer it. How many of the 4,000 former POW's are drawing compensation from the Veterans' Administration? Are you privy to that information?

Mr. KARNES. No, sir, I do not have, and I do not think that the Veterans' Administration could give you that information, either, how many are drawing compensation, how many former prisoners of war are drawing compensation, because they in fact admitted in their study in 1980 that they do not know exactly how many former prisoners of war there are.

Mr. MONTGOMERY. Well, I am not sure that we do not know how many former prisoners of war there are. We have some records, even though some were destroyed several years ago in Missouri, as you are aware. Certainly I want to join my colleagues commending the witnesses for pointing out these problems, but I would also like to add to Mr. Williams comments that I believe Uncle Sam does care, and that that is why we are here in Montana, to seek out this information, and we will follow up if this public law needs to be amended.

Do you have any other comments before we dismiss you as witnesses?

Mr. KARNES. Yes, sir, I have one. I think that the laws that are on the books today are adequate if we could just get those people in the Veterans' Administration to follow them.

Mr. WHELCHER. Mr. Chairman, I was going to reiterate exactly the same thing that the gentleman to my left said. Public Law 97-37 that established reasonable doubt for the conditions that we had over there is being totally ignored. Before I came to this committee, I went to a DAV service officer who was an ex-prisoner of war himself by the name of Pete Sanchez in Tulsa, Okla. I asked what impact did Public Law 97-37 have on the prisoners of war that he was servicing their claims. He told me literally none.

Mr. RODRIQUEZ. Mr. Chairman, the intended function of Public Law 97-37 as administered by the Veterans' Administration probably is not the actual function, because these men still must produce evidence, and in a sense they have to dig up the past, and most of them would like to be left alone. They do not want to have to relive those terrifying moments. I think that the Canadian compensation program is more humane, in that it provides the automatic compensation.

Thank you very much, sir.

Mr. MONTGOMERY. Thank you, and we appreciate your testimony this morning and, as they say in the military, you are dismissed.

We have four other panels, which mainly pertain to the other important areas we would like to cover this morning, the concerns of the Vietnam-era veteran. So the Chair would like to call the third panel of witnesses.

Mr. Phil Burgess, president of the Vietnam Veterans of Montana; Mr. John Buckley, president of the Vietnam Veterans of Helena, Mont.; Mr. Ted Koneski, a Vietnam veteran from Helena, Mont.; Mr. Max Weiss, a member of the board of directors, Veterans Service Centers, Missoula, Mont.

As the panel is moving to the witness chair, I want to tell you I am going to have to leave at 10:30. I was first invited, as Mr. Williams knows, to attend a function in North Dakota, and everything is big and wide out here and it takes a little time to get to North Dakota, and it is kind of hard to fly from Montana to North Dakota, but I found someone to do that. So I will ask Mr. Daschle, who is a member of the subcommittee, to complete the hearings.

We would like to start. You know the ground rules, gentlemen, and you know a lot about ground rules, so Phil, would you start?

STATEMENT OF PHIL BURGESS, PRESIDENT, VIETNAM VETERANS OF MONTANA

Mr. BURGESS. Yes, sir. My name is Phil Burgess. I am president of the Vietnam Veterans in Missoula, Mont. I am working as a veterans counselor on essentially a volunteer basis in Missoula, Mont., which I have been doing for the last 2 years. I appreciate you gentlemen's presence here today, and particularly Representative Williams.

I feel that the energy and the emotion and the motivation that he has shown go well beyond the call of duty. I wish that I could take you gentlemen outside right now. I am going to be speaking as a veterans counselor, by the way, because that is how I identify myself personally.

I was outside just about 15 minutes ago, and I think that there are a lot of questions that could have been answered there. One veteran was throwing up against the side of the building from what he had been hearing. One gentleman, who allegedly assaulted Mr. Bob Colvin, the adjudicator here, was being interviewed on television, and one veteran was expressing—well, he was out there also because he couldn't handle what was going on.

Like I say, I have been working as a counselor, a veterans counselor for 2 years, because I felt it was something that needed to be done. I am having a rough time with this, but I think what I would like to do is describe some of the things that are going on in Missoula. There are three of us essentially working together, Dr. Michael Marks, a psychiatrist, Mr. Max Weiss on my left, and myself. I have been working as a counselor, Mr. Wise as a legal advocate and Dr. Marks as a psychologist.

We are not paid for what we do. Dr. Marks is paid for some of what he does, but because of the situation there, he finds himself doing a lot of work for nothing simply because he doesn't feel that he has much choice in the matter.

One of his problems is even the ones being contracted to him, the patients from the VA, the payments are delayed sometimes 3 to 6 months, so he finds himself in the position of either not getting paid for some of these at all or whenever he does get paid, it is delayed.

One of the problems with that, when the Veterans' Administration finds out, they get dunned for this, even though the VA is at fault. I know many cases where the veterans are turning away from the services because they can't handle accepting services that aren't being paid for. Mr. Weiss has been providing legal assistance

for Vietnam veterans in Missoula for a number of years, mostly again on a voluntary basis.

There is a problem that Mr. Weiss has and that I share, when you are working on a volunteer basis, when you are working on a part time basis. When you are trying to survive financially yourself, you find yourself very limited in terms of the time and energy that you can devote to these people, but at the same time, for myself, I am the nearest thing to a full time veterans counselor between Billings, Mont. and the Idaho border. That is 450 miles.

So you have a choice between saying "no" or simply doing the best you can, which in many cases is not professional. I don't have it. I am not sitting with an office and a desk and the hours. Mr. Weiss has some of those same problems. Representative Williams shares some of this.

Again, he has done well beyond the call of duty. He is putting in time and energy that he is not supposed to be having to provide, but because he recognizes the situation and has a sense of responsibility as a citizen, as a human being, he puts in money, time and energy, and so does his staff.

What would you have us do? During the last 2 years, my average income has been approximately \$200 a month. I am getting paid probably \$1.50 an hour for what I have done. What do I do when a family comes in and they have a child with a missing arm? Where do I send them? To the veterans hospital? Where do these people go to? Where do they receive the help? Where does the veteran go?

He comes to me as a last resort, a last place to stop. He is going into a crisis. He is told by the Veterans' Administration 2 to 3 weeks before he gets an evaluation, he goes to the evaluation, he gets an hour interview, which he is simply responding to a form, and then perhaps in 2 or 3 months he gets treatment—perhaps he gets treatment.

What do I do with that? Speaking as a human being, not as a counselor, but as a human being and as a veteran—I walk around in this building and I probably know at least 20 or 30 veterans in this building and I know some of their situations. What would you have me do?

I have heard a lot of very articulate people speaking today on both sides of the issue. I am not being very articulate, but personally I feel that the time is a little bit beyond that. We hear a lot about laws, what the law intends to do, what the law tries to do, what the law fails to do.

Somewhere in there, there should be some elements of compassion, and regardless of the laws that are written or not written, it seems to me that whether you are talking about POW's, Vietnam veterans, wives or children with missing arms, that the veteran, the American veteran, has something more coming to him than a study over 2 or 3 years.

Some of these children are 7, 8, 10 years old. Some of these veterans and their wives are just now finding out the possible reason for some of the problems, and where do they go? To Billings? Maybe I am out of line, but the Billings Center has been doing some wonderful things, but they are not set up to do this, because the VA isn't set up to do it.

The impression given, gentlemen, whether it is true or not, whether Uncle Sam cares for us or not, the impression given to thousands and thousands of veterans is that Uncle Sam does not care. That is the impression. [Applause.]

The impression we get is that what the United States wants is a disposable army that they can use once and throw away. That is the impression you are giving and it seems to me it is the responsibility of the Congress and of the Veterans' Administration to change that impression.

You can pass all the laws you want to for the next 20 years and it doesn't change that impression. The VA says that the veterans aren't coming in. The veterans—and gentlemen, I am not exaggerating—the veterans are afraid. I am not saying all veterans are; but many veterans, many Vietnam veterans in particular are literally afraid of going to the VA hospital.

What do I do about that as a counselor? Many times the only thing I can do for these men is to send them over here for an examination, send them over here for an examination. That is my advice. That is the only advice I have to give them.

They go over here and they come back and they describe their impression, the service they have gotten, and I as a counselor have to feel as though I have betrayed them somehow and what do you do about that? I don't know, but something has to be changed and it has to be done with a different attitude than simply passing laws.

The situation exists. That man is throwing up on that building out here, with reason.

Thank you.

[The prepared statement of Mr. Burgess appears on p. 97.]

Mr. MONTGOMERY. Thank you. You are very articulate.

Mr. Weiss.

**STATEMENT OF MAX WEISS, MEMBER, BOARD OF DIRECTORS,
VETERANS SERVICE CENTERS, MISSOULA, MONT.**

Mr. WEISS. I would like again to thank you gentlemen for demonstrating your concern for American veterans and their families by coming here to Montana to hear us. I would especially like to thank you, Congressman Williams, for understanding the depth of our concerns expressed here on November 11 and for standing by your promise to bring the committee to Montana to hear out statements concerning the veteran and the Veterans' Administration. You have demonstrated time and again you care, and have the willingness to respond with action instead of rhetoric.

I know that your staff is working day and night to take care of some of these complaints beyond anything that could be expected of them by anyone, and we very much appreciate that.

I know the letter announcing the meeting here today specified certain admitting practices and services of the Veterans' Administration facility at Fort Harrison were to be the subject of your investigation and our testimony, but I respectfully submit to you I will not be confining my remarks to these topics except as they are indications of the root of the problem between the fine work you gentlemen have done by passing legislation addressing health and

personal problems of veterans and delivery of those rights to veterans.

Too many times individuals in Government detect a problem and provide what appears to be a remedy not realizing it is not the leaf that is ill but the tree itself. That could happen here today. I am speaking today to ask you to look beyond specific problems to the basic structure of the Veterans' Administration as it has evolved.

Montana provides an opportunity to examine the basic structure of the relationship of the veteran to the Veterans' Administration as manifested by the character of service delivery at the regional facility. This area also provides an excellent opportunity because of the unique demographic aspects, to adjust that relationship to provide greater efficiency and assured consistency in process and treatment.

The geographic aspect at first draws attention because of the great distances in Montana that must be served by the limited facilities. It is not unusual for veterans as you have heard here today in Montana to be required to travel 500 to 600 miles round trip to obtain even the most basic service and information and to be treated as if their presence at the facility is as incidental as a walk across the street. Much more importantly however, is the distance between bureaucratic expectations of the regulations governing the operation of the Veterans' Administration and the ability of the veteran to satisfy those expectations.

For the purpose of my testimony here today, I reviewed title 38, U.S. Code, particularly those sections dealing with the Veterans Outreach Services program. After determining there are approximately one dozen affirmative acts required of the VA to define the character and needs of the local veteran population and to meet those needs from personal to financial, I began making phone calls. I called the VA facility at Fort Harrison as if I were inquiring generally about information and services available to veterans. The responses I received did not surprise me, it saddened me.

I found that the local VA facility does not know how many veterans are in the State of Montana except for an estimate based on estimated State figures some 6 years old. I also found the State figures to be based on even older estimates. I could find no one who could tell me where veterans were located in the State. I asked, "Are they located in eastern Montana or western Montana?" No one could tell me.

I asked if anyone knew what era of service ratios existed in Montana and in what geographical areas. The answer was, "That has never been determined as far as I know."

When the State was asked how many veterans were in Montana and what their consumption of State and locally funded services was, we were told the information had never been captured except in isolated situations and programs such as alcohol treatment and that information was provided, and it was some 23-percent higher than the average population.

I asked personnel of the VA facility at Fort Harrison what materials and information were available describing veterans' benefits and rights and methods of application, forms, et cetera. I was told the VA had a pamphlet briefly describing VA benefits and that if I was in "no great hurry," it would be sent to me and that some

forms were available from the State office, some from the local veterans organizations, but that others would have to be sent for. I asked then if there was some pamphlet that told what form to use for what request. I was told I would have to make my request known to the VA facility before they could send me the proper form to make the request on.

I asked who was responsible for contacting veterans who do not have high school diplomas or equivalencies. I was told by the VA spokesman that he thought there had been a program at one time but didn't know if there still was one. I was put on hold for 3½ minutes and upon the spokesman's return, told that the State had a person from the Job Service at the facility some days during the week and that he could tell me of employment programs.

The following day I received a call from the State employment representative who told me of an employment program that provided for persons with less than 14 years education to circumvent normal competitive hiring practices to obtain training and employment preference. He said it required application on a particular form and cooperation from someone in a Federal agency. When I asked whether in fact what he was saying was that the program depended upon "who you know" in an agency and access to the proper forms he said, "In a way, yes."

I followed this form of inquiry through statutes providing for preparation and prosecution of claims, information, counseling, aid to education, veterans camp counselors, aid to education payments to campuses, tutorial assistance, veterans work study programs, campus veteran representatives and virtually all of the services and affirmative actions required by the outreach program. The result was a uniformly noncommittal attitude and an extraordinary lack of knowledge concerning VA programs or services.

I said earlier this result did not surprise me because in my work experience in veterans matters over the years, when I haven't found gaping holes in the services delivery system, I've found outright resistance in its place.

Even though statutes and regulations prohibit an adversarial relationship with the veteran applicant, the very process set up to adjudicate claims is an adversarial process and I believe in order to function properly it can be no other way.

On the other hand, however, it would be extremely idealistic to believe that when there is no countervailing body to insure each party has equal standing and ability before the facts that such compliance and equality will exist beyond a minimum tolerable level and that those who do not have the money, time, and personal strength to assert their rights are going to realize the benefit of those rights. Gentlemen, I suggest to you the veterans program system is out of balance.

Private organizations and groups do what they can to provide mutual effort to balance the machine and if it were not for that fact, the system would not work at all. As gallant as individual and organizational efforts are, they pale in the face of the bureaucratic paper storm veterans must test themselves against.

It is too much to expect the veteran to endure bureaucratic and logistical hardships without readily available comprehensive assistance at the local level.

The Outreach Services program as it was designed and embodied in legislation goes a long way toward providing the assistance needed. A long way, but not quite far enough.

We, in Montana, have been building a coalition among veterans organizations and the Veterans Affairs Division of Social and Rehabilitative Services of the State of Montana to establish a series of Veterans Service Centers based on the concept and location of the State offices.

I would like to break away from my prepared statement at this time, gentlemen, because in my journey over here I was delivered some materials that I feel are considerably more important than my plea for an extension and implementation of the outreach program at the lower level. I will briefly go into those materials.

Mr. MONTGOMERY. Would the gentleman be brief? The Chair has requested 5 minutes but the Chair has let everyone go over 5 minutes. If you could summarize, we would appreciate it.

Mr. WEISS. I have received a group of letters that were delivered by Federal and State employees who begged that I keep their identity secret for fear of retaliation. These letters enumerate among other things what I consider to be absolutely an insulting slap in the face in terms of a veteran making an application for benefits he is guaranteed by law to receive and yet he is required to go through this kind of bureaucratic nonsense to achieve.

An example is a fellow who was complaining of a back injury. He was required, according to one of the letters in that group of letters, to provide a sheriff's report of the accident and an alcohol test conducted at the time of the accident. The man was injured on a troopship in World War II in the South Pacific.

I have another letter identical to that of a combat veteran, a marine wounded in Vietnam. He was required to produce that kind of evidence to prosecute his claim. I have in here another documented instance of a fellow waiting to obtain treatment at the Fort Harrison facility. He waited some 4½ hours in the hallway, suffered a minor heart attack, received no attention, and was taken from that facility by a friend to a downtown hospital where he received emergency medical treatment. There are other letters of that nature in this pamphlet and I will submit it with my statement.¹

Gentlemen, there has to be some autonomous body, some group of individuals, preferably of the veterans organizations in conjunction with the State officials, to provide at least some countervailing force to make the Veterans' Administration accountable for its actions. The individual veteran pales in the face of the effort necessary to accomplish that task.

Thank you.

[The prepared statement of Mr. Weiss appears on p. 98.]

STATEMENT OF JOHN R. BUCKLEY, PRESIDENT, VIETNAM VETERANS OF HELENA, MONT.

Mr. BUCKLEY. My name is John Buckley, Mr. Chairman.

¹ Retained in committee files.

Mr. Chairman, members of the Subcommittee on Oversight and Investigations, as the Helena area representative of the Vietnam Veterans of Montana, I am honored to testify before this committee concerning agent orange.

For a lay person, I have read much literature relating to herbicides, phenoxy herbicides and associated dioxins. I understand the great need for—

Mr. WILLIAMS. John, will you just suspend for one moment? You know, one of the problems of being in Congress is that you need a clone—you need to be about three or four people so that you can be in those three or four absolutely necessary places at the same time, where you have to be, and so I interrupt you at this time to say that our chairman, "Sonny" Montgomery, has an unresolvable conflict. He has to be over in North Dakota fairly soon and so we will have to interrupt this panel to leave.

Before you leave, "Sonny," I want you to know how pleased I am, and the folks in Montana, particularly veterans in Montana, are that you would bring an official hearing of the Veterans' Committee of the U.S. House of Representatives for the first time to Montana. We are very appreciative of you being here and we thank you very much for coming.

Mr. MONTGOMERY. Thank you. This has been one of the best hearings we have had since I have been chairman of the Veterans' Affairs Committee, which has been over a year and a half, and I am sorry I have to leave.

The North Dakota trip was planned before we scheduled this hearing. But I have learned a great deal. I have two staff members here today and I will be thoroughly oriented on what the panelists who will be on next will tell the subcommittee and what you are requesting.

At this time I would like to ask Mr. Daschle, who is a member of the subcommittee, to chair. This is the first time I have been in Montana. I hope you will invite me back. Thank you very much.

Mr. DASCHLE. John, if you would like to continue at this time.

Mr. BUCKLEY. Thank you, Mr. Chairman.

For a lay person, I have read much literature relating to herbicides, phenoxy herbicides and associated dioxins. I understand the great need for accurate, continued research. Also, it is understood that no favorable action will be taken in our behalf until all research is in and those results are interpreted.

In the meantime, many veterans who served their country during a difficult time and in an unpopular war continue to suffer from a symptomology that is found in the Federal Register, volume 44, No. 241, Thursday, December 13, 1979, pages 72320 through 72328.

I personally called Dr. James Baker, Toxic Substances Branch, EPA, Denver, Colo., in the summer of 1980 to verify the toxicity of the herbicides used in Southeast Asia during the era representative of the U.S. Government's involvement in the area. Dr. Baker informed me that the dioxin compounds used in Southeast Asia were some of the deadliest and most harmful known to man.

Since that time and during that time, there continues an effort to downplay conclusions found within the Federal Register. It would be redundant to inform the committee of the methodological

problems used in the gathering of data at the Medical and Regional Office Center, VA, Fort Harrison, Mont. for such inconsistencies have been identified elsewhere.

Veterans exhibiting skin rashes of the type that don't respond to conventional treatment are denied service connection even when the condition was known to exist in service and continues to exist. The reasoning that the Veterans' Administration, Fort Harrison, Mont., uses in denial of service connection for conditions found in service medical records are in fact a complete disregard for the veteran and his condition.

Economic determinism has become the ideal to which the Veterans' Administration adheres to. The "new direction" of the Veterans' Administration reflects the total disregard of rights and benefits earned by those who served. If you were a veteran that served in Southeast Asia during the times that these deadly chemicals were used and exhibited, any or all of the following symptoms: skin rash, tumors, numbness/tingling in extremities, fatigue, inability to tolerate alcohol, dizzy spells, shortness of breath, insomnia, loss of libido, headaches, stomach or kidney pain, gastrointestinal disorders, memory disturbances, concentration disturbances, decreased immuno-responses, ulcers, nervousness, irritability, cancer, birth defects in offspring, et cetera, what would you think? If you exhibited two-thirds or even one-half of the above symptoms, what would you think? If your children exhibited birth defects that were not known to exist before your offspring, not to be found in your spouse's family of origin or your own, what would you think? We could go on and on with these types of questions.

What is needed is a congressional directive which insures that these symptoms found in veterans and their offspring will take precedence and the burden of proof is taken from the veteran. We need to find out if the current, uncaring attitudes reflected through the administration at Fort Harrison are due to key personnel in positions of authority or are due to the lack of directives from the Administrator of the Veterans' Administration.

What is also needed is a compliance with Operation Outreach and the laws established for Vietnam-era veterans to be found in the report dealing with the VA Vietnam veterans' readjustment counseling program/hearing before a subcommittee of the Committee on Government Operations, House of Representatives, 97th Congress, first session, October 19, 1981.

Thank you.

[The prepared statement of Mr. Buckley appears on p. 103.]

Mr. DASCHLE. Thank you very much, John, for an excellent statement.

STATEMENT OF TED KONESKI, VIETNAM VETERAN, HELENA, MONT.

Mr. KONESKI. I would like to thank the committee for coming here today, especially Mr. Williams. As a disabled veteran, I should be able to go to any VA hospital and receive adequate treatment and help. I have been in and out of VA hospitals since 1970, 4½ months from returning from Vietnam. I have complained of nervous conditions since then, along with other problems.

Outside of giving me pills, the VA has never helped me with any of my problems, and the Librium and the Darvon that I have received from them at the most would have gotten me addicted to drugs, as many of the people are now. While knowing what caused my problems, the VA also tried to discourage me from putting in claims for them.

Most of the time they have told me that it wasn't service-connected or that I couldn't prove pain. If you think veterans are treated fair at the VA, then you can look at the Adjudication Section of the VA. The four people on the Adjudication Board are like God. They are judge, jury, executioner, with nowhere to go after their decision except the VA in Washington, which will usually stand by their decision.

As you have heard earlier about different laws and how they are not enforced, there is another law of CFR 383-102 which states that when reasonable doubt arises regarding the origin, the degree of disability or any other point, such doubt shall be resolved in favor of the claimant. I have never seen this law practiced. Instead, I have seen the opposite.

I realize that it is hard to understand a disorder like this, but with posttraumatic stress we can't take harrassment, and most of the times avoid it, but we can't avoid the VA, because we have to go to the VA for help. And the stupid letters that they send us, and especially the Adjudication Section, Mr. Colvin, sometimes drive us right up a wall, and we have to, as Dr. Davis knows, we have been in to complain to him after receiving these letters. I have done that twice.

Another example of harrassment is that Adjudication Board asks us to write of our experiences in Vietnam. Now, my service records show that I have been there. My service records show that I have been wounded. Any other statement that I make to the Adjudication Board as far as I am concerned, I could make up any story that I think they might want to hear, but they make us write these stories, which at the time it was pretty painful for me to write about, and I have talked to other veterans, and they feel the same way, but we are still—and we have told the Adjudication Board, we told the officers of the Veterans' Administration that we would rather not write these statements for the record, yet we are still required to do it.

Dr. Davis has helped us with our problems where the VA couldn't and wouldn't help us, and he is harrassed as much as any of the veterans, and he should be commended for finding the results or finding a drug that gives the results that it has with a lot of us. And the VA doctors I know at Fort Harrison wouldn't take the time or the trouble to help us as much as he has.

The best thing that could happen to the Veterans' Administration and for this committee today, if they can't get them to give us proper help, is to let the veterans go somewhere else and be treated, and especially the ones with posttraumatic stress outside of the VA, and not have anything to do with the VA.

Thank you.

[The prepared statement of Mr. Koneski appears on p. 106.]

Mr. DASCHLE. Thank you very much for your excellent statement.

Is Dr. Davis in the room?

Dr. DAVIS. Yes, I am.

Mr. DASCHLE. Dr. Davis, would you mind coming to the table for a moment? I have a couple of questions to address to you, but before I begin my questions, I would like to ask Congressman Williams for his remarks and his comments.

Mr. WILLIAMS. Phil, the question of unemployment and jobs for all veterans, but specifically now Vietnam veterans, has been raised many times in discussions that I have had with you and others and is often raised in letters and phone calls that come to me.

Congressman Daschle and I worked on and helped to pass the veterans small business loan legislation. What part of the Vietnam veteran's problem is associated with low income and lack of a job? Do you believe this legislation will help to relieve the situation?

Mr. BURGESS. Do I get 30 seconds? The answer to that is so complex. One of the problems that we are running into more and more is essentially prejudice, and I think I use the word advisedly, against veterans who are applying for jobs. We are told by professionals that if we can possibly avoid it on our job applications to avoid mentioning that we served in Vietnam.

A typical case for a veteran is 7 or 10 years after he comes back from Vietnam, even if he does get the job, usually the jobs are menial or manual labor and have very short duration. And that problem is coming from himself, really, but it also aggravates any kind of psychological problems he has, because if he is having psychological problems that prevent him from being provided long term, and then the fact that he is aware that he is perhaps not able to support a family compounds the problem.

The unemployment situation in this State right now again reinforces and compounds. I can't address the effect of the legislation on this situation, but it certainly strikes me that given the problems that are coming in with the economy and the problems of unemployment that the veteran is going to be suffering some of the worst of those problems.

Mr. WILLIAMS. Thank you.

I yield back to you, Mr. Chairman.

Mr. DASCHLE. Thank you, Pat.

Dr. Davis, your name was mentioned on a couple of occasions as one in whom the veterans had found some assistance and refuge in this difficult time of their lives, but I am asking, I guess initially, why they are coming to you? In your opinion, is it because of an attitudinal problem that we have within the VA, is it a structural problem or are the laws inadequate to provide the kind of benefits that we need to be providing? How do you analyze it?

Dr. DAVIS. Well, in the beginning I had an idea that the VA would be quite happy to have our services because we were attempting to deal with I think an overwhelming problem with a lot of psychopathology that they were not really equipped to handle in the local area, and it was a naive idea on my part, because from the very onset I had met with a tremendous amount of resistance from the Veterans' Administration about trying to institute a treatment program.

A while back we tried to formally contract with the Veterans' Administration following all the laws and guidelines, and I have documentation here to prove that; and were naturally turned down, and turned down, I thought, in a very rude and arrogant manner.

It is an attitudinal problem. On top of that, they don't have the proper personnel or the facilities there to treat this very difficult problem, and further, the veterans by the nature of the problem do not feel comfortable going to any institution where they are amongst a group of people or around the Government or any type of authority, so they respond really the best in a private office or somewhere far away from a Veterans' Administration area. Not to speak against the Veterans' Administration, this is just the nature of the beast at this point.

Mr. DASCHLE. Tell me what happens, Dr. Davis, or perhaps someone else on the panel, when we have an example of clear—not necessarily clear, but an at least perceived example of a veteran having delayed stress? He comes into the VA hospital, and judging from what you have told me, he is not necessarily given any kind of medical or psychological assistance simply because, at least in part, because they have no personnel to provide that service, what happens to that veteran right now?

Mr. KONESKI. The first time I went into the VA hospital I had to fill out their little paperwork and they couldn't get my medical records. They had to fill out all the paperwork to get my medical records from Connecticut, which they didn't get those because they lost all of those. I hung around for an hour, hour and a half, and I was nervous because I was feeling very uptight. I didn't know what was happening to me.

I was starting to feel like I was coming apart. So I waited there for an hour, hour and a half, and I hear one nurse talking to the other nurse. There is no doctor on today. Where is Dr. so-and-so; he is supposed to be here. He is not on, the other one is not on.

Then they made a phone call and got one doctor down there. Another patient went in, and at that time I was getting pretty upset, so the nurse told me that she was going to call the psychiatric nurse down. So she did and the psychiatric nurse talked to me. She said I could come back for another appointment, which that wasn't what I needed. I went to go see Brian Davis and that was probably the best thing the VA ever did for me.

Mr. DASCHLE. This isn't the first time that we hear examples of that kind. I would like to ask you, Dr. Davis, knowing what you do about the contracting out program that we are about to embark upon here in Helena, do you believe that that is going to relieve some of this pressure, is it going to provide some assistance with that demonstration of need?

Dr. DAVIS. Well, I think that if the program is handled in a professional way, yes, obviously it would, and that would mean that the outreach area should be manned by individuals who have skills, that can handle this very severe emotional problem. It is not a minor problem, it is a severe emotional problem. I think the reason our area has been as successful as it has is that we do a comprehensive exam there where we take a complete history from all individuals that we can get ahold of who have known the veter-

an over the years. Some have known the veteran prior to going to Vietnam and known the veteran afterward, and this kind of information is extremely helpful to us and it allows us to do a comprehensive exam.

I don't think that that type of comprehensive exam is being done anywhere else. So therefore this type of evaluation is a very valuable one. And I have gotten the idea that because it is as valuable as it is and we do call it as it is, that the Veterans' Administration has been very unhappy with that and has therefore—recently we have documented proof—attempted to run veterans around our clinic to a quote, “no-man” or a “yes-man” who will not call them posttrauma. And I know that is quite an accusation, but I firmly believe that.

Mr. DASCHLE. We have been told this morning that where problems such as this exist that what one has to do is to make an appointment, try to describe in greater detail the problem to the director or one of his top level officials. Has this been tried, and with what success?

Dr. DAVIS. Well, we have tried this several times, and have—like I said before, we presented a written proposal for a contract which was turned down. I think they told at the time that the veterans could come to our place if they wanted to and that was actually probably the same thing as a contract, but since that time they have announced to the women's group that the thing is far too expensive and that the Veterans' Administration can probably handle it in a better fashion.

However, if they had contracted with us it would have been half as expensive as it is when we are forced to charge on an individual basis. If there were a contract, obviously this would not be the case, but they have refused to consider this. I have talked with Dr. Custis in Washington, who is one of the doctors that I think is the head of the Veterans' Administration, the mental health part, and he asked me over the phone, and I thought this was quite strange; how come they haven't contracted with you? Well, I don't know. I am not a bureaucrat, and I don't work there.

Mr. DASCHLE. Well, I think the essence of our hearing today is, are we addressing again a problem with the program or are we addressing a problem with the people who administer the program.

Dr. DAVIS. I think it is an attitudinal problem. I hate to sound paranoid, but I think it is directed at our clinic because we have called it as it is and they do not like that. The adjudication part has been I think responsible for more regression, more pathology, and I don't know how many suicides over the last 12 to 13 years.

Mr. DASCHLE. I know I am not speaking for the chairman, and I don't want to infer at all that I am even speaking for the committee—I am only speaking as one member of the committee and a Member of Congress and a member of the Vietnam Veterans in Congress.

I have a strong belief that we need judicial review in this country to allow you at long last what right now every crook and every other person in this country now has a guaranteed right to—his day in court. Our Vietnam veterans don't have a day in court when it comes to adjudication, when it comes to benefits, and it is high time that we deliver.

It goes to a problem that Phil mentioned earlier. We can't wish away the woes and ills by passing laws. We have to be sure that once passed they are carried out. A judicial review law will not solve anything either unless we can guarantee that the people who have been given responsibility to administer those laws will carry out those responsibilities. We now have an Agent Orange law on the books, a counseling law on the books, provisions in the law for contracting out and as I go through this, I find that those laws are not being carried out.

I want to be sure that you know that that Uncle Sam takes many faces. Uncle Sam from the point of view of the VA may present one face to the Vietnam veterans and to other veterans, but there are a lot of us in Congress that would like to give you every guarantee that you will be heard and that your wishes, your concerns and your needs are going to be carried out.

That is what we are here for today, and you can thank one of the finest Members of Congress, Pat Williams, for that opportunity. But it means that there are parts within Uncle Sam that are trying to respond and we certainly hope that we are more successful as the months unfold.

Thank you very much. You have been an excellent panel.

If we could recess for just maybe a couple of minutes, these chairs get mighty hard after 2½ hours. We will take 2 or 3 minutes to stretch and come right back in.

Mr. DASCHLE. If the next panel could come before the subcommittee in about 2 minutes, Mr. Don Nance; Mrs. Tom Huddleston; and Mr. Stoney Burk, we will begin again.

[Recess.]

Mr. DASCHLE. The fourth panel, comprised of Mr. Don Nance, Mr. Tim McBride, Mrs. Tom Huddleston, and Mr. Stoney Burk, are they here?

Mrs. HUDDLESTON. I am Tom Huddleston's wife, Nina Vaznelis.

Mr. BURK. I am Stoney Burk.

Mr. DASCHLE. Mr. Don Nance and Tim McBride are not in the room?

Mrs. HUDDLESTON. They were here.

Mr. DASCHLE. We will begin with this panel, and Mrs. Huddleston, if you wish to begin.

STATEMENT OF MRS. TOM HUDDLESTON, HELENA, MONT.

Mrs. HUDDLESTON. I am here today because my husband was hospitalized last Friday, and I would like to speak on his behalf.

I am a third-year law student at the University of Montana. I worked for the VA in Los Angeles while attending UCLA.

Tom is a Vietnam combat veteran, who was a Marine Corps sergeant and patrol leader. He served from 1962 to 1969. He worked for Senator Cranston before coming to work for the VA about 7 years ago. He has been the management analyst at Fort Harrison since August 1979. His message to you today is that people must care. He is willing to answer any questions you might have of him later.

For weeks before this hearing, he felt torn about whether or not to testify. He knew that if he told what he knew, friends would be

fired or disciplined, he could lose his job, his own claim for delayed stress would probably be denied, and all this would be for nothing if the committee hearing were conducted for purely political reasons.

He was torn between his loyalty to his employer and his loyalty to the veteran. There was no right choice. Whether he testified or not, people would be hurt. Last Friday, the strain was too great and he fell apart. He was admitted to the Fort Harrison Hospital on June 11 and was transferred to the Salt Lake VA Hospital on June 17.

The VA mission is to serve veterans. I submit to you that if the VA were fulfilling that mission, no dichotomy between working for the VA and working for veterans would exist. But that is the conflict that finally tore Tom apart.

Four days after being in the hospital here, Tom was back on Hill 55. He told me how in Nam, they always took care of a man who was hit. If you were down, you could count on your buddies to carry you out.

He asked, "Where is the honor here?" Then he started talking about the casualties and crying about the ambush on Hill 55 again. I got scared, then I got mad. I made six angry phone calls.

Five days after admitting Tom, the VA made arrangements for Tom to see a psychiatrist for the first time. In my lay opinion, lying in a room for days with a big "No Visitors" sign, taking drugs, and listening to the National Guard artillery practice is not adequate treatment for a stress disorder. The nursing staff is compassionate, but that is not enough in these cases.

Before he left, Tom said, "If this is how they treat someone they know, imagine what it must be like for a faceless name on a piece of paper."

Tom's psychiatrist, Dr. Davis, had predicted this breakdown in a report submitted last December with Tom's claim for delayed stress rating. Tom waited over 6 months for a decision.

The VA wrote a letter to him requiring that he pay his own way to Seattle for a psychiatric exam that would duplicate the report submitted by this local doctor. They were requiring him to relive it all again and said that they would tell him when the exam was scheduled.

Later, his claim was denied for failure to appear at an examination for which he never received notice. The Seattle exam was supposed to take place in April while Tom was at the National Guard summer training camp in Idaho.

To me, the final irony is that my husband's claim was denied while he was serving his country. All he wanted was for the VA to help pay for his treatment so he could get over Vietnam.

I hold the VA responsible for putting him back on Hill 55. They did not take his condition seriously. This Commission has an opportunity and an obligation to require the VA to take Vietnam veterans' problems seriously and to treat them with dignity.

It is not only the veterans who are suffering. Their families are hurt, too. Like many wives, I wake with my husband's nightmares; I know not to try to awaken him with a kiss or a gentle touch; I know to walk to a seat at the back of a restaurant so he can have his "back covered"; I know I should leave the house when, after

days of depression, he starts loading and unloading his rifle; and I know the times he called me a slope * * * and hit me in rage, it was not my husband. It was the warrior.

Our warriors want to come home. Please make the system help them. VA recognition and treatment of their delayed stress problem is a symbolic national acceptance of their Vietnam war service.

As lawmakers, you can require VA compliance with Federal statutes and encourage termination of employment of incompetent and uncaring VA employees and administrators. A simple certified mail requirement would eliminate the problem of unjust denial of claims for failure to appear.

The limiting a veteran's attorneys fees to \$10 insures that veterans have no legal representation before the Board of Veteran Appeals, the final appellate level in the VA system; \$10 buys about 15 minutes of legal time here in Montana. Since the VA has exclusive jurisdiction and there is no judicial review of their decisions, veterans' due process rights can be violated at will.

For Tom's sake, for the sake of these families who came to plead before you today, I hope you will require the VA to live up to its mission. All the Vietnam veterans want is for someone to care. All we want is to have our men home again.

Thank you.

[The prepared statement of Mrs. Huddleston appears on p. 108.]

Mr. DASCHLE. That was a very good statement, an excellent statement, and we are honored that you could share such personal thoughts with us today.

Mr. Stoney Burk, come up next to the panel. We will take your testimony next.

STATEMENT OF STONEY BURK, VIETNAM VETERAN, MISSOULA, MONT.

Mr. BURK. Thank you, Mr. Daschle.

I would like to reiterate the thanks for you folks coming out and listening to us. I would like to give you background as a start to let you know where I am coming from. I was an F-4 pilot in Vietnam, served a full tour in Da Nang and a following short tour in Thailand.

I didn't want to talk today, but I think it is necessary, and I know it is going to be hard. The thing that bothers Vietnam veterans is not nearly so much the VA benefits, I don't think, it is the betrayal, the betrayal of the trust that we put in our Government.

We trusted you—I don't mean this personally, but I am speaking of Uncle Sam—we trusted you when you sent us to Vietnam. We trusted you that when we were wounded, we would come home and be cared for. We trusted that the Government agencies would listen to the needs of the veterans, and we can see from the testimony today that that is the furthest thing from the truth.

I know what it is to suffer from delayed stress. I don't think there is a veteran here that doesn't. I would rather have taken a bullet in the head, and I am watching this for 10 years, for 10 years, the Veterans' Administration is playing dog and pony with the Vietnam veterans, and I am tired of it.

We are angry, we are hurt, we are betrayed, and we are depressed. What is the way to fight? We love our country, but we hate the Government for what they are doing. What can we do about it?

First of all, we love the country and we are torn by the guilt that we hate what is happening. You can't hate something and love it at the same time. The only result then is depression. Then you get angry and then you get depressed, and it is a continuing cycle.

Then to bear the insults of going into a Government agency—myself, I haven't gone to the VA and I will not go to the VA, but I hear of guys, and I see them, and I have been at some of the sessions, and they tell about the treatment, the total disregard for the dignity of the Vietnam veteran by some of these bureaucratic, lazy, inefficient Veterans' Administration people.

I am sick of it. I think it is an insult to the dignity of this country and an insult to the dignity of the veterans. Don't take my anger personally, but I am venting the anxiety of the Vietnam veterans. We have to face that we killed innocent people on behalf of our country.

Then to find out that our President lied to us, top Cabinet officials lied to him, that people in Government don't give a diddly-damn about the veteran and their only interest is in power, is devastating to people who love this country very much.

I am not going to say more. I have had great difficulty in the past talking and it causes me pain now. There are thousands of veterans that don't have the advantage that I have. I had a bachelor's degree before I went into the Air Force, I was a pilot of the world's best aircraft at that time, and I have a good military record.

Imagine, somebody went in at 17 and missed education, that lay in a foxhole and had mortars coming in, worrying about stepping on mines, day after day seeing their buddies torn apart, and then they come home, and people say, "I am sorry, you are losers, dopeheads." That is the kind of thing that Vietnam veterans face, and we are angry and tired.

As far as myself, I think I have been a social dropout. I don't want to get involved in the political process because I do not trust the Government. That is all I have to say. Thank you.

[The prepared statement of Mr. Burk appears on p. 109.]

Mr. DASCHLE. You are looking at part of the Government that I hope you can trust, and I hope that you understand that Government doesn't have the unanimity that sometimes we associate with some of their actions.

We are equally as frustrated at times. We are equally as determined to change this. We probably aren't as pained from personal anguish as you are, but it is easy to try to comprehend that agony and that pain when we hear the eloquence that comes before committees such as this and you have done the committee a good service by doing so.

Mr. Nance?

**STATEMENT OF DON NANCE, VIETNAM VETERAN, HELENA,
MONT.**

Mr. NANCE. Thank you for being here. June 19, 1982, an insignificant day to many people, for myself and others like me it is very important because you are here to take testimony about the Veterans' Administration and their treatment of delayed stress victims. Believe me, this is a matter of life and death for these affected. It touches all facets of our lives.

We have all heard the very eloquent statements and promises from the Director's office on down through the chain of command at Fort Harrison. We who deal with Fort Harrison on a continual basis, know that their words are empty, as are their hearts.

As I set here preparing this statement on my own time, I can visualize the battery of Government employees at Fort Harrison who are at work trying to justify the shabby, degrading treatment they have given the Vietnam veteran so that they may each get back to their real love, the self-perpetuation of the Veterans' Administration and their own career advancements.

I would like at this time to bring forth the many problems encountered by delayed stress victims who seek help from Fort Harrison. Please keep in mind that as victims of this anxiety neurosis, most of us have reached the point of being nonfunctional emotional wrecks before we are even seen for this disorder; many have tried to commit suicide, have become alcoholics or drug-dependent since they could not cope with everyday stresses and the memories or feelings left from the traumatic experiences in Vietnam. With this in mind, I shall proceed.

The first thing a delayed stress victim realizes is that the VA will not help in the development of his claim. In fact, the VA will do everything it can to discredit the veterans' statements and those of relatives, wives, et cetera.

Many times when the veteran finally is able to see a VA doctor, who, though they don't understand this disorder, may or may not make an appointment for the veteran to see a consulting psychiatrist.

If an appointment is made, many times the veteran is not notified of it and the veteran will receive a letter saying he is rated zero or flatly denied the claim because he failed to appear for an exam.

Suddenly the very organization that is set up to care for veterans becomes an adversary and the veteran has to protest and raise hell to get another exam scheduled. I know from experience this can take at least 8 months, so the VA has gained time and the veteran is confused and angry.

Once the exam is completed by a psychiatrist, there is a very good chance that if posttraumatic stress disorder is diagnosed that the VA will want another opinion which invariably agrees with the first doctor's report and only subjects the veteran to more stress and frustrations, costing the taxpayers more money.

It is interesting to note that if the first doctor does not diagnose delayed stress, the VA doesn't send the veteran to another doctor. They do their damndest to prove that we don't have this disorder,

then they try to discredit any report which testifies to the severity of the disorder.

Finally, the veteran receives a statement of the case and regardless of what the psychiatrist's report says, they usually assign compensation from 0 percent to 30 percent, once again the veteran who is more severely affected by this disorder must sit down and file an appeal which means that it is necessary to open doors in his mind that are closed on memories better left at rest, now the hatred focuses on the Government again, because the VA has not been honest and fair and this brings back memories of another time where the veteran was used rather badly then discarded by the Government.

When the appeal is filed, it sometimes takes months, even years, to receive an answer from the Adjudication Division, meanwhile the VA might want another opinion. So, off the veteran goes, again, to encounter more roadblocks.

Sometimes the opposite is true and the Adjudication Board will do the appeal evaluation without even asking the treating psychiatrists for an updated report, in this instance the Board goes beyond its legal bounds by making a psychiatric evaluation without the benefit of a professional psychiatrist.

Then they send the veteran an unsigned statement of the case. As a legal paper, and we are getting them like this, unsigned.

When the statement of case is finally received, the veteran will usually find little change from the first rating board's decisions, so now, once again, the veteran files an appeal and at this time, he can ask for a personal hearing or send his case to the Board of Veterans' Appeals.

Since this is an anxiety neurosis, the veteran will want an answer as soon as possible and by now, it has already been over a year of sitting around being a dart board for the VA. So he usually elects to a personal hearing, which the VA sets up at their convenience, more waiting.

It is no small matter to the veteran when he finds out that the closest most of the rating board has been to war is watching "Combat" on TV. How do these people know how we feel; how can they have compassion or understanding for a veteran of a war nobody wanted; when we are stereotyped as baby-killing, dope-taking mercenaries who love to kill and maim.

The hearing is a very upsetting emotional experience where old wounds are laid bare, and you stand naked before the Board with all the hurts exposed, this hearing may or may not be fruitful, depending on the mood of the Board, the evidence which is presented seems to be of small importance in making a rating decision as the psychiatrists can be there and state how severely affected the veteran is and the Board still can refuse to accept his statement.

After 3 or 4 months, the veteran receives a supplemental statement of the case in which, once again, the rating Board can be contemptuous of all the reports and deny the claim.

Once again, the delayed stress victim must sit down and write an appeal to the Board of Veterans' Appeals in Washington, D.C.

By now, it has been close to 2 years since the problem was diagnosed and the victim is still being buried in redtape. Upon filing

his appeal, he is told that it can be up to a year before an answer is received from the Board of Veterans' Appeals.

I know all of this to be true, because it is happening not only to me but many others here today. I have asked Congressman Williams' office to make available to you all of my files at this office as I have sent him all of my correspondence from the last 2 years and I believe that my case is very typical of what a delayed stress victim must try and endure in order to finally receive help with finding the road home and from Southeast Asia.

The VA treats us as if we were trash, our claims must be airtight, while they are always breaking the law by not considering our claims according to the law.

They humiliate us by having guards follow us when we are at the Fort Harrison facility, even if we are with our wives.

The VA has been arrogant, indifferent, rude, unfeeling, and uncaring about the victims of this neurosis and their families, families which for years have been traumatized and hurt by a continual stream of bizarre behavior, fits of rage, suicide attempts, beatings, and many other things.

The time is right for the revamping of a wasteful system that has been more interested in itself than the ones it is supposed to serve. The present system seems to reward failure and penalize success, no matter how small the success is.

I believe an investigation into Fort Harrison would show there was mismanagement and misuse of funds by them, sending veterans out of town and out of State for second and third opinions.

It would show poor organization and inefficiency when some veterans are adjudicated in 2 months, others in 2 years. Is it the employees at Fort Harrison or is this nationwide VA policy? Where is the money budgeted for these outreach programs? Why all the discrepancies in the Adjudication Division?

This disorder has consumed one-third of my life, one-third of my wife's life, and all of my children's lives, why should it take another year? Why does it take years to fairly rate a posttraumatic stress victim when a fast, efficient, fair rating would allow those veterans and their families to start rebuilding their lives years sooner?

I thank you for allowing me this opportunity to address you on these very important matters and I will be glad to answer any questions you might have.

Thank you.

[The prepared statement of Mr. Nance appears on p. 112.]

Mr. DASCHLE. Thank you very much.

The last member of the panel is Tim McBride.

STATEMENT OF TIM McBRIDE, VIETNAM VETERAN, TOWNSEND, MONT.

Mr. McBRIDE. My name is Timothy McBride. I served in the U.S. Army from June 1967 till March 1970. I served in the Central Highlands of Vietnam with the 2d Battalion, 8th Infantry, 4th Infantry Division from February 1969 till March 1970.

In Vietnam, I served as an infantryman/machinegunner with Recon Platoon, Headquarters Company and later I was assigned as

track commander, chemical specialist, and platoon sergeant with Flame Platoon, Headquarters Company.

During my military service, I was hospitalized for bilateral leg damage caused by an Army three-quarter-ton truck rolling over both legs with minor shrapnel wounds in the trunk and body; for vivax and malariae strains of malaria. I have the residuals of the diseases and still am plagued from the active and recurrent effects of malaria.

I wear knee braces to allow me to function somewhat normally and without too much pain. I also suffer from a disorder known as posttraumatic stress. In VA jargon, posttraumatic stress is the category they place Vietnam combat veterans in who display the emotional disorders of dehumanization, depression, anxiety, flashbacks, survivor-guilt, nightmares, homicidal and suicidal tendencies, instability in home and work environments, and improper and/or socially unacceptable reactions to stress and authority.

Because of the brief amount of time I am allowed to orally state the treatment I have received since my release from active duty, and because of the specialized intent of my testimony to this committee, I will give you a brief history, beginning with my October 1980 introduction to the VA system, its policies, and its personnel at Fort Harrison, Mont.

In October 1980, due to a buildup of stress on the job and just not fitting into the family/work ethic I tried to follow, I flashbacked to combat in Vietnam where I was mentally able to cope.

My wife called Fort Harrison for assistance, but was told they could do nothing unless I was brought in. They gave her no assistance in finding a way to bring me in, nor how to deal with me. It just wasn't their problem.

After she called the police in Townsend, I was finally brought under control and was taken by county ambulance to Fort Harrison. At Fort Harrison Hospital I was admitted, given some sort of tranquilizer, put into a little room at the end of a hall and left alone, except for a security guard outside the room.

When some semblance of sanity returned, I was told that I would be sent to the mental ward at Fort Sheridan or would be allowed to get therapy outside of the VA system, and I scheduled the same with Southwest Mental Health. I was not told of any outreach program, of filing a claim, or any positive prognosis of my condition. I was demoted to laborer by my employer who later fired me because of my service-connected disabilities.

It was through my family and my own efforts I have learned of the DAV outreach, contacted them and was directed to John Sloan and the DAV in Fort Harrison who provided me with information and started my claim for benefits.

According to title 38 of the United States Code and the public law contained therein, I would be adjudicated, informed of programs of assistance, and the VA would provide timely and appropriate assistance to aid and encourage me in applying for and obtaining such benefits.

Fort Harrison not only gave little or no assistance, but has misrepresented, ignored, and acted in complete disregard of the law. According to the law, doubt of validity of claim or conflicting testimony would be decided in favor of the veteran.

In fact, after my claim was rejected, I had to personally collect my military medical records and present them before the Adjudication Board and show where and when treatment was received.

Because of medical records being brief about conditions, I also had to explain and provide word-for-word documentation of any condition claimed. Bob Colvin, Director of Adjudication, explained to me that because the treatment provided me by military doctors did not state the extent of damage nor the permanent disability that may result, that there was a possibility that since my service, I may have reinjured myself or been reinfected with malaria; therefore, until I can prove otherwise, the decision on my claim would not be favorable.

I have enclosed with my testimony copies of some of the form letters sent to me as evidence of Bob Colvin and the Adjudication Board's disregard of the law and their form letter attack to my credibility.

I am rated 100 percent for delayed stress, and in my medical records and claim file are letters attesting to my disabilities and recommended treatment. These are disregarded by Fort Harrison.

Bob Colvin and his form letter barrage have undermined and damaged to the point of destruction my rehabilitation and my family therapy. My individual treatment by Bob Colvin is not an isolated incident; it is done then and now to Vietnam veterans and maybe to all veterans.

This committee has the power to stop future destruction of veterans and their families by Bob Colvin, but it must be now. A week, a month, a year, means veterans and their families are beyond help, too many have suffered and too many have died.

Next I want to address another VA structure and what it has done to me and my family: Medical services, under Gary Orr.

Gary Orr has sought me out, promised action on medical bills or other matters with fee basis and other medical matters, and then through his form letters and administrative decisions has regressed therapy, destroyed any faith I had in medical services provided by the VA, and then blamed his actions on VA officials in Washington, and the budget.

His responsibility is to provide medical services and payment to private fee basis physicians and treatment centers who provide care for me for my disabilities. I have presented him personally with bills from the private sector for payment by the VA.

Each time I have been he said that he would take care of them. I was treated for malaria by Southern Nevada Hospital in Las Vegas in April 1981. Five times since that time I have presented the bill to Gary Orr; five times I was reassured it would be taken care of.

I have now been contacted by a collection agency for payment of that bill. If I could financially afford it, I would pay, but not working since May 1, 1981, and not being able to find work because of my disability and trying to support five people—my wife, myself and three sons—on \$1,322 a month—my VA comp—there isn't any left over after paying those bills we now have and buying food.

Six months I waited with no job, no prospects, and no help from the VA, and my prior perfect credit rating was shot, and my bills were turned over to collection agencies. Gary Orr called my credi-

tors and explained my condition and that the majority of my claim settlement would come after the VA in Washington rated me.

Since October 1981, my claim has been in Washington and I still haven't heard, and my creditors have stopped waiting. I asked Mr. Orr numerous times about other moneys the VA owed me concerning travel pay for my therapy in Helena and Great Falls. I have been told by him that a computer rejected payment once, but that it would be resubmitted.

I have been partially paid for travel, but it comes nowhere near the car expenses I have for me and my wife and children to get to therapy sessions. The money and credit damage is minor compared to the attempt by Gary Orr to destroy the progress made through therapy by my wife and family.

Without any prior warning, on May 3, 1982, Gary Orr called the Helena Comprehensive Guidance Clinic and informed them that all wife and dependent therapy provided for at the clinic by the VA since July 1981 was no longer going to be funded.

He informed them that it was a decision made in Washington for budget reasons. The damage done by that phone call by Gary Orr nearly destroyed the 10 months of progress the vets, their wives, and their families had made in learning to readjust and attempt a somewhat normal relationship in their lives.

This type of treatment is in total disregard of symptoms and seriousness of the post traumatic stress disorder. It recreates the feelings, hatred, frustration that are manifested in the families of post traumatic stress veterans.

It was a stab in the back to the veterans and their families who began to believe that the VA was trying to help. The statement later by Gary Orr to remedy his first statements may have removed the knife, but the wound is still there and it is doubtful that any veteran or family affected will trust the VA again not to hurt them.

Next, I would like to briefly state my dealings with Robert Sexton, "God" and counseling psychologist of the VA Vocational Rehabilitation Services. After being fired from my job and my inability to find another, I used as my last resort the benefit of VA vocational rehabilitation.

I am good with electronics and previously had discussed with Dr. Brian Davis and Dr. Evan Lewis, VA clinical psychologist, the possibility of starting an electronics repair shop. With their approval and recommendation, I made an appointment with Robert Sexton to ask for assistance in getting some additional training in electronics.

I was in the process of setting up my own business and was looking for a way to get the specialized training needed while operating, at least part-time, the business. I suggested a correspondence program because of locations of schools that could provide the needed training.

I explained my background and what title 38 provided for by law for vocational rehabilitation. He informed me that correspondence coursework was out of the question, even though it was recommended in a letter by Dr. Brian Davis.

He said that his 30 years' experience told him that it wouldn't work in my case, and that type of training would not be provided.

He recommended that I try a program at Carroll College to see if I could handle school.

I then informed him that I already had a B.A. and a masters in education that did me no good because of my disabilities, and that all I needed was some specialized electronic training.

Robert Sexton told me that he would never approve such a program, and I should try Montana State Rehabilitation Services. Some months later, I again approached Robert Sexton concerning voc rehab and showed him the law as written in title 38 and the law's statement on rehabilitation services that the VA should administer.

I was informed then that he had received no directives on how to administer the law, and until he did the VA would do nothing. I went to the director of the VA, Frank Caldwell, and talked to him concerning the law and the refusal of Mr. Sexton to assist me.

He called Mr. Sexton and told him to see me again. I returned to Mr. Sexton and he was supposed to assist me in setting up some sort of program. Frank Caldwell finished our discussion with the statement that he wanted me to work within the system and Robert Sexton and the help I needed would be provided.

I returned to Mr. Sexton and was told a third time that he didn't see how I could be in business for myself and that the VA would not assist my efforts. He told me that in his opinion I was nonrehabilitatable. I have not, nor will not, return to Sexton for VA help.

To close my testimony, I would like to summarize the specifics I allege the VA has done to me and my fellow Vietnam veterans. We have been degraded and treated with hostility, apathy, and total disregard for our feelings and our families. Our therapy group and the professionals treating our disorder have been undermined and slandered.

The Washington VA has investigated us due to an anonymous letter written by Bob Colvin that stated that our clinic was incompetent, misrepresenting itself and its staff, and was misrepresenting and misdiagnosing veterans sent there for evaluation.

Veterans evaluations are being routed around the Helena Comprehensive Guidance Clinic by Fort Harrison. The results of the Washington VA examination of the Helena Comprehensive Guidance Clinic should be examined by this committee and its findings should be made public.

The Fort Harrison VA should be held accountable for mispending Government funds in travel, food, and lodging if Helena Comprehensive Guidance Clinic is competent and its credentials are in order.

My initial evaluation and many of our therapy group was done by the HCGC but reevaluations and other initial evaluations are now done outside of the Helena area. Why does the Fort Harrison VA find it necessary to seek outside evaluations, but allow HCGC to do therapy?

I have nothing further.

[The prepared statement of Mr. McBride appears on p. 114.]

Mr. DASCHLE. I appreciate that statement.

Mr. McBRIDE. Because of the copying machine that didn't copy well, the bottom signature, which has been X-ed out in one of the

anonymous letters that I have, but if you hold it up to the light, you can see it came from Bob Colvin, adjudication officer.

I would like to read the form letter, so you get an idea of what I go through.

Please furnish the evidence described below as soon as possible so that further action may be taken on your claim for compensatable evaluation for malaria.

On the enclosed VA Form 21-4138 please furnish the complete chronological listing of your residences and the areas to which you traveled from discharge to the present. It is most important that this list be comprehensive and should include the dates during which you resided or traveled to specific locations. This evidence should be submitted as soon as possible, preferably within 30 days.

In any case, it must be received by the Veterans Administration within 1 year from the date of this letter. Otherwise, benefits, if entitlement is established, may not be paid prior to the date of its receipt. Please show veteran's full name and file number on all correspondence and evidence submitted.

The only purpose I could possibly see for this letter was to show that I and—I am originally from Iowa and in my traveling around the United States, moving from job to job and State to State and finally ending up in Montana, that I was reinfected with the malaria parasite.

Now, I don't know of any place in the continental United States that I could be reinfected unless southern Iowa—it has some rather large mosquitos.

Mr. DASCHLE. Thank you. Before I ask Congressman Williams to pursue his questions, the IG report has been made available to the committee, and the IG gave the clinic, the Helena clinic a very strong endorsement in terms of the kind of care, the professionalism with which services are provided and certainly I think, for the record, that fact needs to be known and I appreciate your bringing that out in your statement.

Pat?

Mr. WILLIAMS. Thank you, Nina and Stoney, Tim and Don. I suppose it is impossible to listen to your testimony without being impressed, and without recognizing that somewhere in this system there is some unresponsiveness, and somewhere there are individuals in the VA with whom you have great difficulty.

It is very difficult, frankly, for this committee and for me, and I have been trying to focus on it for almost 4 years now, to identify just where the problem is. I don't doubt at all that what you tell me is accurate from your viewpoint, but as we try to get into the system, identify the problems and change them, I can tell you it is a real maze, and we run up against much of what you do, and it is very, very difficult.

Just witness the testimony we have received today. You have suggested different solutions to different problems, each of you. Because of problems in trying to audit and discover we, too, have difficulty finding the right solutions and identifying the issues.

I must tell you frankly, I have gone into the VA and talked to these people, and I don't find bad people in the VA any more than I find bad people among the World War II or Vietnam or Korean veterans who tell me that they are being mistreated. I think you know that I am here today with the committee because I am impressed with what you say, and because I want to try to get at it, so I am not defending the VA.

Any large service system, it makes no difference if it is the VA or General Motors, has difficulty responding. The larger they get the more difficult it becomes. I suppose that is why folks living in the West where we are used to wide-open spaces, but small systems resent things that get too big.

We seem to resent big labor, we seem to resent big government, we seem to resent big business, and we are probably right, because the bigger it gets, the more unresponsive it gets. You present us with a dilemma, because you have asked us to broaden the services, and the result is that the system gets even bigger and probably, although not uncontrollably, but probably will get less and less responsive.

At least that has been the history of it, hasn't it? There is one other thing.

It is very important in these times of a genuine, serious, and overwhelming public demand to reduce Government spending and balance the budget, that correct choices be made. If we are to expand these services and make these necessary improvements, some of which I understand will cut Government spending, but many of which will not, then you here in this room and citizens across the country have to resolve that it is going to cost you money, because this money doesn't fall from the clouds, it falls from your wallet.

You have to commit yourself that you are willing to pay to meet the promises that Pat Williams and Tom Daschle and "Sonny" Montgomery think we ought to meet, but the result is you have to pay.

So again, I am very impressed with what you have to tell us. You present us with a great and serious dilemma, and I make these past brief remarks because I don't want you to think that this committee can go out of there today and solve all of these problems by next Wednesday.

We can't do it, but we will take a whirl at taking steps to resolve them.

Mr. DASCHLE. Mrs. Huddleston?

Mrs. HUDDLESTON. I would like to respond just briefly to that. If the Government doesn't have the money to provide the services that Vietnam veterans require, it should tell them, not require duplicate evaluations, not send them to Seattle and Salt Lake, and not make their families wait for years. Thank you.

Mr. DASCHLE. I don't have any questions of you but as a result of what you have said, I feel that it would be in our interest to carry out the request given to me by the chairman and that is at some point, I guess perhaps at the end of the hearing, to bring back the VA because I certainly have some questions of them.

I don't think that it takes a whole lot of money to be fair, to be feeling, to be caring, to be sensitive to people's needs. You can't write that into law. That is a human element. It seems to me that regardless of how many laws we put on the books, we will never be able to, by law, say you are going to care, you are going to understand and be sensitive to what these people are saying.

That comes with getting the good people, and it goes to the problem that Stoney, I think, mentioned, and a lot of others, that so many people don't trust Government and because they don't trust

Government, they don't want anything to do with Government, and that makes it all the more difficult to bring people into Government that do care, that do understand and that are sensitive.

It is chicken and egg thing. How do we get them to care and be sensitive if people have an image of Government as being so uncaring and unsensitive, and somehow for the work we have in the Congress—we ought to bring Dr. Davis in the Government if that is what it is going to take, but somehow we have to get those people there.

We have to get them to respond to the needs that you so clearly demonstrated. Nothing would please me more than never to hear again that the VA has been arrogant, uncaring and unfeeling about the victims that you so adequately describe today, but that is what we hear wherever we go in this country, and that is why we feel so strongly that we have to get this turned around.

Part of that will be done through legislation, but the vast bulk is going to be by bringing people into the Government, people that care. You have demonstrated that need perhaps greater than any other panel of witnesses, and you have done this committee a tremendous service, and you have given us an insight that we didn't have before, and we owe you a very big debt of gratitude for doing so.

Mr. WILLIAMS. Just on a personal note. Nina, I was sorry to hear last night that Tom was in the hospital. He is a friend, as you know, and I want you to tell him I said hello.

Stoney, I haven't seen you for a while. We don't see enough of each other, but Carol sends her regards. It is nice to see you here. Thank you.

Mr. DASCHLE. Our fifth panel will be comprised of three wives of Vietnam veterans: Mrs. Mary Laing, Mrs. Marciana Garay, and Mrs. Karen Cole. If those three will come forward at this time, we will hear your statements.

STATEMENTS OF MARY LAING, MARCIANA GARAY, AND KAREN COLE, VIETNAM VETERANS' WIVES

Mr. DASCHLE. To the three of you, we are delighted to have you here this morning. As you can see, this has been a very emotional morning and a very productive one, and so, as we begin your panel, let me ask that you be somewhat cognizant of the time.

We certainly want to be generous in our time this morning, but we want to take your testimony as you came before the panel.

Mary Laing, if you want to begin, we will take yours first.

STATEMENT OF MARY LAING

Mrs. LAING. I would like to thank you very much for coming out here and, second, I would like to say to Mr. Williams, I appreciate what he has done, but I am originally from McLean, Va., outside of Washington, D.C., and then later from suburban New York City, and I still resent the system.

I am here today to speak on behalf of the families of men who are suffering from posttraumatic stress disorder.

I would like to address the problems this disorder has caused the veterans and their families and try to convey to you the pain, fear, and desperation in our lives.

Even though we are all married to different men, basically our lives are all the same. We have to deal with outbursts of uncontrollable rage, constant fear for their lives and ours, nightmares and flashbacks of Vietnam, and the inability to get close to anyone or socialize with anyone.

We live in a world of fear that we cannot explain to anyone. The constant terror for our lives and our husbands. The depression that goes along with post traumatic stress disorder also carries with it the constant threat of suicide and threats of violence to us, the wives and children.

Then there is the horrible fear that this nightmare may come true, that one of the times when our husbands disappear with their guns, they won't come back.

When our husbands go into these deep depressions that overwhelm them, they have guilt over Vietnam and everything that happened there, and guilt for all the problems they have caused their families. To them their problems seem hopeless and unfortunately this may be something that will last a lifetime.

I think one of the things that we all wonder about most is the long-reaching effect this has had on our children. To them the normal reaction to stress is anger, and when things get too overwhelming, suicide.

I believe the doctors refer to this as fight or flight, or in reality, we are raising a generation of children with delayed stress.

All our children worship their fathers, but they never know what to expect from them, whether they are reaching over to hug them or to hit them.

I believe we all have children who have suffered as much as any child in a war zone; they have been terrorized both physically and mentally since they were infants. They live in a household that is unpredictable and violent.

One minute they have a loving father and the next a drill sergeant yelling, You do this right now because if you don't you're dead. Then, after one of these outbursts of rage, come the depression and guilt because our husbands don't like how they are reacting any more than we do. It always seems like a vicious circle.

My husband once said to me all he wanted was his mind back and to be able to enjoy something again.

We probably have led very strange lives compared to most people. Because of our husbands' fear of losing control, mistrust of people in general, and fear of large crowds, we have adopted this behavior. We have lived in a very small, isolated world. For a long time we thought this was our world and would always be, but now there is light at the end of the tunnel called Helena Comprehensive Guidance Clinic.

We started having group counseling almost 1 year ago to help us understand and learn to live with delayed stress. It has been a long, painful year for all of us, and the light at the end of the tunnel is at times bright, but at other times has gotten quite dim.

But things are getting better. Our husbands are learning to cope with stress and life, and we are learning it's not all our fault.

Hopefully the ones that will benefit most from all this will be our children, because now they are beginning to know why their fathers act the way they do.

It seems that somewhere in the mixture of emotion and depression we, the wives, had gotten lost. But through the counseling we have realized that we aren't the cause of these problems; that Vietnam was. With that we have realized we can help our husbands with the problems but we can't take them away. Nothing can.

Our husbands can learn to trust people again and to communicate with their families, and finally talk to other people about what happened to them in Vietnam. It isn't easy to change maladaptive behavior, but our husbands are working hard on it and they are slowly doing it. This may not happen for several years down the road, but at least now there is a future for us.

That leads us into the part the Veterans' Administration plays in this. Because, without the financial and medical support of the VA, there won't be a future for any of us.

Our husbands gave all they could for their country; now it's time for that country to give all it can, and by this I don't mean harassment and more stress.

A little over a month ago the Helena Comprehensive Guidance Clinic was informed that the counseling services for the families of men with delayed stress were discontinued immediately.

I cannot begin to tell you what that did to all of us. It was similar to an astronaut in space having his lifeline cut and left to float in space. It destroyed several months of hard work for all of us. I don't care whether this was some type of error or not. Incidents like this are typical for Fort Harrison.

Men have been diagnosed here in Helena by a doctor and then either sent to some place like Salt Lake or had a doctor flown up here for another diagnosis. In a time when President Reagan is asking for reductions and cuts in tax dollars spent, they are wasting tax dollars.

I know of one couple that submitted their claim 8 months ago and are still waiting to be rated. They have two doctors' opinions now. What more do they want? A decree from God?

This is typical of the way the VA has handled all of our men. Why does the VA make us feel we have to beg for this assistance? Why are our husbands made to feel this is charity?

My husband was rated 100 percent until April 1983 and already he is worrying continually about being rated again and going through this whole hassle again.

Why can't the VA work with the doctors in cases like this instead of continually applying more pressure and stress?

I know Helena Comprehensive Guidance Clinic had offered to help any way they can to make this easier. Maybe then these guys can walk around without the fear that "Big Brother" is watching his every move and may slap him down at any minute.

With all this, I am asking you, the Government, to face up to the responsibility you owe these men. They stayed here and fought when others went off to Canada. Maybe now the country is ready to welcome them home.

Thank you.

Mr. DASCHLE. Thank you very much, Mary.

[The prepared statement of Mrs. Laing appears on p. 116.]

Mr. DASCHLE. Marciana, if you want to go next, we will take your statement.

STATEMENT OF MRS. MARCIANA GARAY

Mrs. GARAY. Recently we, the wives of the Vietnam veterans, were informed that the Veterans' hospital and administration located at Fort Harrison was cutting back on their budget, so they decided to put the brakes on the women's therapy group.

Why? Aren't we allowed to work with our husbands, brothers, and friends to find new hope in their lives and ours?

Are we still paying for a war that our men should never have been involved in?

But we have all been raised "Love Your Country," "Fight for Your Country." Our men did fight—and they are still fighting it in their minds—and that produces flashbacks, survivors' guilt which in turn creates depression with suicidal tendencies; all these feelings are in one diagnosis: posttraumatic stress disorder, and living with this is a war within itself.

Now we are being harassed by Government officials. No program. No hope. Why?

Is it money? There seems to be enough money to help Vietnam refugees. So we do without while the price of peace goes up.

What about our men's peace? Don't they deserve any? Our children suffer just as badly as we do. Maybe more so, both mentally and physically. I mean by the toxic sprays used in Vietnam. Our children weren't in Vietnam, but their fathers were.

There have been times when one of our men has gone to the VA hospital for medical treatment. Therefore, this is where I feel the harassment begins. Records that cannot be found, or part of the records are misplaced.

The long waiting periods to see a doctor just aggravates them to the point that by the time they get home they are so full of anger that it is vented to the family either through verbal or physical abuse, and what I mean by harassment, letters sent from the VA with scratched-out signatures. There is more floating around, and this just puts more stress on the family, and we pay for it.

That leaves me with one question: How long is it going to go on before anything can be done for our men and our children, before it is too late?

We were given hope with the Helena Guidance Clinic. Our lives started to tilt right again. It has been a long, hard beginning for a lot of us.

You are here for what purpose? To hear us cry for help. Well, listen, but not with a deaf ear or ice in your veins, but with compassion in your hearts.

Not only for the Vietnam veteran, but for their wives, and most of all for their children, who have suffered quietly. Give us a brighter future and new hope, but please don't give us false promises.

I have a hell of a lot more to say but it hurts too much for fear that the VA Administration will retaliate against them due to my statement.

Thank you.

Mr. DASCHLE. Thank you very much, Mrs. Garay.

[The prepared statement of Mrs. Garay appears on p. 120.]

Mr. DASCHLE. Karen, do you want to finish this panel? We will take your statement at this time.

STATEMENT OF KAREN COLE

Mrs. COLE. Because we share the concerns of the people in the last panel and with these two women and the frustrations with the VA, four couples have joined together to work outside the VA and I would like to share with you how that has helped us.

We have a group, a lifeline of Vietnam veterans and their wives. For the first time in 10 years, for some of our men, they have friends.

Four couples make up the group. Thus we now have other couples, other families to talk with, play with, ask for a hand from.

Amazing what a tremendous thing that is, real friendship, and it's founded on a mutual experience—war.

The Vietnam war has profoundly affected our men and, in turn, their wives and children. I can now talk to other women about my situation without having to try to explain my husband and defend the fact that I am even with him in spite of all his magnified, sporadic anger.

They know where it comes from, and they know that there's a lot more person in that body that loves and is lovable. The relief in my husband's face when men really come to the house to see him as friends, and knowing that he or we are welcome at their houses any time is a new blessing. Emotional emergencies, job crises, marital blow-ups, tenuous control of fury over another driver are a part of life that is commonly understood and shared among these men and women.

We are there to help each other. There's such acceptance. It is gratifying. Yet there is a healthy recognition of commonly felt problems that need to be confronted, looked at objectively, and dealt with through encouragement and support in our group.

For the men, their moodiness, explosiveness, and general lack of trust are understood first and talked through second.

No one in a state of emotion upset has to search out someone who is only willing to listen guardedly. Now there is someone there who knows already, who can genuinely empathize and befriend in the very truest sense of the word.

The need for friendship is so great in each of us that it is an absolute wonder that these men have been able to function at all in their isolation.

The self-chosen, self-protecting, even life-sustaining isolation that was the way they survived has robbed them of the healing process that takes acceptance and understanding by both self and others.

Wives have had other lifelines, friends who could help, but never fully understand the situation. Yet, still the wives had to be the only support, or lifeline, for the husband. That strain of such a duty is too great a dependency and can't be met by one partner.

With no other outlet but the now tenuous husband/wife link, the man tended to cut off more and more simple contacts, phone calls,

finding a babysitter, talking to the landlord. It is too much for the marriage to stand without outside help, an escape valve.

Marriage is a pledge to face all of life together, but of imponderable things of the spirit; loyalties, memories, imagination, sacrifices, joy, laughter, and tears. There is no relationship which is stronger, yet more delicate than this.

The hard times have strengthened and have nearly torn the marriage apart. The group is helping to end the wounds in each of us separately, as couples, and as a unit, a support group. We are learning what the positive meaning of "society" can be.

Some of the common emotional issues we talk about and work on in the group are the hair-trigger anger over everyday instances, resistance to commitment—sometimes even within the group to the group, fear of physical defects or of defective children, intolerance of others, unrealistic expectations for justice or extreme intolerance of injustice, thinking, "I've done it all and lived. I can handle anything," coupled with resistance to taking responsibility for self or actions, fear of losing, justification for any action because "I've done the ultimate survival thing," and "I've paid my dues." A soldier's actions are either offensive or defensive, not meditative or feeling oriented—feeling deciphering.

Society hasn't dealt with the returning warriors, and wives are not prepared for dealing with the repercussions that fall to them alone.

Facing the experience of Vietnam together helps the warrior's woundedness heal, the woman understand her man, and the relationship grow. We seem to be searching for a unique kind of peace out of an unusual kind of war.

I am here today because I hope to help others recognize the sleeping giant, the very prevalent need that exists in our country today. Recognition, education, understanding, counseling, and acceptance are needed from you in order to reach that unique kind of peace. We must help each other through whatever talents or means we have. For us our group is a good beginning. Only together can we end the war.

Thank you for hearing.

Mr. DASCHLE. Thank you, Karen. That was an excellent statement.

[The prepared statement of Mrs. Cole appears on p. 121.]

Mrs. COLE. If I may, I would like to share with you something a little more personal that I wrote about my husband. It will just take a minute.

He was in the U.S. Army Special Forces and with H Company Rangers in Vietnam. I hope this will help you understand him.

[The information follows:]

JEFF THROUGH KAREN'S EYES

Written on May 24, 1982, by Karen Grigry-Cole for Jeff Cole, who served in the U.S. Army from 1969 to 1974 in Special Forces and H Company Ranger in Viet Nam.

Tall and blonde with dark hair around the edges—the blonde indicative of the sunlight and joy within, such a wonderful, creative sense of humor lies within. The darker edges creeping out hint more and more loudly of the deeply painful past that forces itself constantly into the quiet moments of the now, today. A strand or two of grey betray the extreme, though very disciplined, stress it takes to push the past out

of other peoples' sight, and sometimes, momentarily—for a split second—out of his. The dark is his true hair color, though bleached light by the sun, modified to be more socially acceptable until he can't stand the society he tries to fit. Then out of one sun into another seeking desperately the comfort of the fit.

Eyes so blue with lashes dark; light, twinkle eyes meant for laughing, so astutely seeing his world with artistic accuracy. Thus the creative illusion that becomes his reality. The eyes have folds of skin as awnings trying to protect them from the stark and harsh reality or total unreality that war has forced inside the lids and branded there forever to be viewed anew upon sleeping or blinking, even a cheerful winking is never quite free of the horrible, perhaps terminal disease man created and named WAR. The dark lashes ornament and protect the slanted, blue eyes. Ornament as nature originally meant him to be beguiling, smiling, sensitively seeing, emotional being so near and dear to my heart. You called me dear and held me near, and oh, how I longed to have the full extent of caring for you that I feel flow into your heart rushing, healing, warming, showing you how much you're worth to me. My mate, my partner, love of my life. I pray the strife in your heart will soon be eased by our Lord and through our friends and with our mends. . . . And those attractive lashes do protect from physical dirt specks and grime. Oh, how I wish they could have, would have protected you from the crime, the sin, the hell you saw and lived in the WAR.

The mouth parts widely in a most appealing grin, shows pearly whites within and a tongue as pink and soft and healthy as a new baby calf's. Yet how it hurts me to see that lovely, sensitive mouth set so firmly in despair, and hate within and without, hate for those who made him do it, hate for those who condemn without any knowledge of the reality of the abhorrence. Hate that debilitates him far more than he debilitated those he killed. The torture far more painful to him now than ever was for them. V.C., you see, either dead or living on in war—the war that is peace for those who have lost the selves they valued long before . . . the War.

The nose is straight and sharp, nostrils cut high depicting a fellow who wants a straight, honest life from and for himself and all around him; though the nostrils betray the sarcasm with which he searches, never believing he will find honesty around him or even truly in himself. Honesty, at this point, could kill.

And the heart, the center of the tall, lean, very strong body that strides on slender legs made of iron with paper-thin knees, shoulders slightly hunched to protect the heart, the still soft and vulnerable center, from the harsh, cruel ignorance around him that he partially feels he deserves, yet will fight to the finish fiercely to fend off. He's had enough. Don't whip him anymore. It's all so unfair. Yet he'll always be there to do the silent whipping inside himself. The self hate that rests there is stronger than the hate of the world and all the others, every other who has inflicted this horrible punishment on him, because for a while he cooperates with the inflicting. . . . That heart suffering so much pain has been so full of compassion and caring, and the pain, extremely wearing, hasn't completely marred the amazing capacity of that wonderful heart to love me more fully than I could have hoped for in all of my girlish, Disneyland, white knight dreams. Yet the shadows hide the love from time to time from the princess and the prince. The malignant shadows cast by WAR.

Oh, Lord, I pray you'll bring the sun in. Warm the organ of emotion so he'll be able to feel real, full feelings again to his high degree of capability without the constant tearing of that hateful, shadowy pain.

And last I'll share his hands with you. The large strong, gentle hands that can caress my face so caringly, and draw and mold so skillfully, and mend and build so energetically with consciousness for environment and usefulness and hominess. Those hands can make my little car run again, fashion healthful bread, make a table, make a bed, make a pot or make a drawing, do stained glass or heavy sawing, pitch a bale and pet a babe, rub a cat and pick a flower, point direction, plant a garden, milk a cow or sew a seam, build a fire and ford a stream. Catch a fish or draw a bow, gather eggs or doctor a wound, hold me close, point out the moon. Oh, those hands, so strong and tender. How I ache when I see them change to the weapons of destruction that our army trained them to be. Used in anger and despair, desperation, heavy laden with so much care. Care for the world and care for me, care for the self he used to be. Care for the animals still free, care for the shells of the friends he still can see in his dreams and in his waking. Care that most of us don't see. Care for the body he has nourished which has served him so well so long. Care for the nails now rotting off the hand otherwise still healthy at the age of thirty three. Knowing, fearing that perhaps, Secret Agent Orange is now stealthily at work gnawing from the inside; out working on another shell.

He's so healthy when you look. Strong jaw jutting, handsome face and stature. Yet so wounded when you see. See the man our country's made him—"fight for you and fight for me". So unhappy, dearly wounded when you look and really see. This the true devastation of our wars. This man so strong and gentle, talented, and full of love and adventure seeking freedom. Lord, please set him free to live in love and honor many years with you and me.

Mr. DASCHLE. Thank you. I would be very interested in having so perfectly described that person whether he is in the audience.

Mrs. COLE. Yes.

Mr. DASCHLE. Could he stand? Marciana, is your husband in the audience?

Mrs. GARAY. Yes; he is.

Mr. DASCHLE. I would like him to stand, please. Mary, how about yours?

Mrs. LAING. Yes; he is.

Mr. DASCHLE. Is Mr. Laing in the audience? You each have a wife in whom you can be incredibly proud. They not only do you well, they do this country well in speaking with the kind of eloquence, the incredible poignancy they each can so clearly demonstrate with their words and their thoughts.

That is what makes this end of the job one of the most moving experiences I guess that I have ever had, and for that I am personally grateful.

Pat?

Mr. WILLIAMS. Thank you, Tom. As some of you know, this is the second or third time that we have been together and visited with you and your children and your husbands. There is no more impressive testimony that the Congress receives with regard to veterans' affairs than the testimony it receives from the wives, these innocent inheritants of the Vietnam terror.

The Nation best listen to the women who are telling us that the legacy of the Vietnam horror is being passed on to the next generation and perhaps beyond through their children, and if we are to end this war, we must end the misery of their husbands.

Otherwise the war will be with us for generations to come. They are right, and we have got to do something about these conditions. I want to say again that the doing is not easy, but that doesn't mean we don't try every day.

Let me share with you a story about a friend of mine who is not here, a Vietnam veteran from Montana who wanted to testify but you will understand better than I that he is unable to testify here. His first name is Tommy. Some of you remember that many years ago the poet and writer Rudyard Kipling wrote a poem about how the Nation expects and extolls its fighting men when it needs them and then somehow tends to glance the other way when those men need the Nation.

I have been working with Tommy, the "Montana Tommy," for about 3 years now, working to have his disability claim, and let me tell you, he is disabled, approved by the Veterans' Administration.

He has seen many private psychiatrists and physicians, all of whom have stated he has a disability, and a number of times his claim has been denied by the VA. In the words of Mr. Kipling,

It is Tommy this and Tommy that, and Tommy go away, but it is, oh, thank you, Tommy, when the bands begin to play.

Now, Tommy's claim has been before the Board of Veterans Appeals in Washington for about a year now, and it has been referred to other subagencies and bureaus and boards and professionals for further opinions, some of them conflicting when we finally get them.

We have made many, many phone calls and sent many, many letters, and the end never seemed to get very near,

And it is Tommy this, and Tommy that, and Tommy, how is your soul, but it is thin red lines of heroes when the drums begin to roll.

Last Thursday I received word that the final opinion that we had sought had been granted and the VA confirmed what we knew. Tommy is disabled.

For it is Tommy this, and Tommy that, and chuck him out, the brute, but saviour of his country when the guns begin to shoot. Yes, it is Tommy this, and Tommy that and Tommy, anything you please, but Tommy ain't no blooming fool, you bet that Tommy sees.

Mr. DASCHLE. Thank you, Pat.

Mrs. LAING. Could I make one other statement, please?

I would like to submit these written statements from the wives of the men to substantiate what I have said in my oral statement.¹ You said you were going to call Mr. Caldwell back up and I would like to give you two questions we would like the answers to.

I spoke with Mr. Larson, who is the Deputy Administrator at Fort Harrison, on Thursday, about a claim that is there for a friend of mine, and I asked about a psychological work-up for this man by Mr. Lewis, who is the psychologist out there, and was informed that his work-ups had no weight or no bearing on anything out there.

Now, why, if he isn't their psychologist, do they send these men to him? We were told by Mr. Orr—there were two ladies present—that no matter how many Pat Williams or Representatives that were sent here, it would do nothing to change anything with the adjudication at Harrison; that it had nothing to do with anything there, and I would like to have them explain this to us.

Thank you.

Mr. DASCHLE. Perhaps if Mr. Orr is in the audience, he can explain that to us too.

Thank you very much.

The final panel is comprised of Mr. Bert Pfeiffer, Mr. Don Burris—Mr. Pfeiffer is a professor of the department of zoology at the University of Montana. The Honorable Don Burris is an administrative law judge with the Social Security Administration. Dr. Michael Marks is with the Western Montana Clinic, and Mr. Ron Davis, a Vietnam veteran. If those four gentlemen could come before the committee at this time.

I am informed that we have witnesses who asked to testify even after our panels were composed and we had set out the schedule for today. We want to be accessible to those who have expressed an interest in providing us with their views, and in the interest of doing so we have allowed others to testify. It is in that interest that we have asked Mr. Davis to come before us as well as other individ-

¹ Retained in committee files.

uals. So we will begin at this time by taking Mr. Pfeiffer's testimony.

STATEMENT OF BURT PFEIFFER, PROFESSOR, DEPARTMENT OF ZOOLOGY, UNIVERSITY OF MONTANA, MISSOULA, MONT.

Mr. PFEIFFER. Thank you very much, Mr. Chairman. I am very honored. It is an honor for me to be asked to present my sentiments about the subject of this hearing. I want to make two points before this committee.

First, officials of the U.S. Government who were responsible for the herbicide programs in Indochina were criminally negligent: (a) in that they did not know the effects of herbicides on living systems when they ordered their use; and (b) they did not take actions to insure that both the people who sprayed the herbicides and those who were inadvertently sprayed were properly informed about and protected from the dangers of these chemicals.

Second, I will point out that agent blue, the herbicide with a large percentage of arsenic in it, may be as dangerous, if not more dangerous, than agent orange. Despite this possibility, the Veterans Administration, the National Academy of Sciences, most independent scientists, and concerned people have paid almost no attention to agent blue, concentrating instead on agent orange.

To consider the first point, Secretary of Defense Robert McNamara was criminally negligent when he stated in a memo to the Joint Chiefs of Staff on November 7, 1961, that he believed the spray would not be harmful to livestock or humans.

When contacted by the New York Times last January, the same McNamara said, "He was unable to recall the details of defoliation or who ordered or approved it." Dr. John S. Foster, Jr., who directed the Defense Research and Engineering for the Department of Defense, stated as late as 1968 that "Herbicides would not have a long-term negative impact on South Vietnam people or its interests." In 1967 the Department of Defense published a literature survey on the effects of herbicides.

It concluded, "After examining the voluminous toxicity data, we can make the following observations: (1) The direct toxicity hazard to people and animals on the ground is nearly nonexistent." (Midwest Research Institute Report No. 3013-B.)

A National Academy of Sciences report published in 1974 states: "Neither RVN nor U.S. officials believed the sprayed chemicals to be harmful in any way to human beings or their domestic animals. This was explicitly stated in a MACV directive '525-1.' February 15, 1966."

Why were the Department of Defense officials not aware of a paper published by three medical doctors in JAMA, November 7, 1959, which states:

Severe sensory and motor symptoms necessitated hospitalization of three patients. In each case the disorder began some hours after the use of preparations of 2,4-D to kill weeds. The symptoms progressed through a period of days until pain and paralysis were severe. Recovery was incomplete even after the lapse of years. There was little doubt that the neurological damage was done by the precutaneous absorption of spilled 2,4-D. Since there is no antidote or specific treatment for 2,4-D poisoning, this herbicide should be used with caution:

How is it that the Department of Defense had never read the statement by Ansul Chemical Co., makers of agent blue, which says when an individual is exposed to blue daily for extended periods, the inspection of skin sensitivity should be supplemented with monthly urinalysis for arsenic.

Symptoms of acute poisoning from blue are headache, vomiting, diarrhea, stupor, convulsions, general paralysis and death. The dosage required to cause these symptoms may be as little as one ounce per human adult.

Secretary of Defense McNamara and Director Dr. John F. Foster, Jr., who were directly responsible for the initiation of the herbicide program, were also negligent in not directing that the operation be carried out in a much more careful fashion.

For instance, it has been revealed in a recently declassified Air Force history that, "Unintended damage to crops and other vegetation resulted from herbicides which leaked from the herbicide spray plane's nozzles at high altitudes causing widespread injuries to sensitive plants." According to this history, an additional source of accidental herbicide damage was the emergency dumps of herbicide loads which the Ranch Hand planes made upon experiencing mechanical problems.

I was in a village near Bien Hoa about a week following such a dump and most of the trees were dying. The people who lived in the village had received a huge dose of herbicide. It was also the practice of the Air Force, according to its own history, to permit widespread use of supposedly empty herbicide drums. "However, when herbicides were drained from the drums, as much as 2 to 3 gallons remained inside. These drums were widely distributed from the two principal Ranch Hand loading points at Danang and Bien Hoa and vaporization of herbicides from these drums caused considerable damage to vegetation. Also the local people, including U.S. personnel, employed the drums as containers for water, diesel fuel and gasoline. The burning of fuel contaminated with herbicides by motorcycles and other vehicles also contributed to the problem."

Let us now deal with point two, the problem of agent blue. The U.S. Air Force sprayed more than five million pounds of cacodylic acid, that is, agent blue, on hundreds of thousands of acres of croplands which were feeding thousands of people. Agent blue is over 50 percent arsenic. According to the National Academy of Sciences' study, some inhabitants of central Vietnam received over 100 gallons of herbicides per person from 1965 to 1979.

The National Academy of Sciences interviewed many villagers from areas heavily sprayed with agent blue as well as other chemicals. These people reported "widespread skin rashes, cramps, diarrhea, and fevers. Some villages reported coughing blood." These are most of the symptoms described by Ansul Co. for exposure to blue. A U.S. Forest Service report of April 15, 1974, dealing with use of organic arsenical herbicides states that snowshoe hares and cattle have been found dead in areas in which this herbicide has been used and they present data showing very high levels of arsenic in certain tissues of exposed animals. They recommend "Careful supervision is essential to insure that cattle are not exposed to these chemicals—agent blue."

The Forest Service, furthermore, states that "Tree thinning workers may be exposed to excessive quantities of arsenic. Thinning crews using these materials must be trained to avoid skin contact with the chemical. Protective clothing, including gloves impervious to the chemical solution, is most necessary. Water-repellant cream should be used on the face and any other skin areas that cannot otherwise be protected. Extreme care should always be used in handling chemicals, especially when filling application tools, for the danger of spillage is great. Furthermore, facilities must be provided for thorough hand and face washing after periods of chemical use."

I doubt whether the Air Force crews that sprayed agent blue were required to take such protective measures or even advised of the need for protection procedures.

When I was in South Vietnam, March 1969, I collected nine soil samples from the Tan Son Nhut Airbase perimeter. This area had been heavily sprayed with agent blue. We have finally, after 13 years, found someone who can analyze this for arsenic. After all this time, we have found samples as high as 24 parts per million.

The highest I can find in soil samples where this agent has been used by the Forest Service is about 2 parts per million. I urge this committee to request the Department of Defense and the Veterans' Administration to investigate the possible short- and long-term effects of agent blue as well as agent orange and white on U.S. and Vietnamese people exposed to these chemical agents.

In conclusion, when one combines the culpability of U.S. officials responsible for the herbicide program in Vietnam with current official disregard for diagnosis and treatment of those at risk due to U.S. Government negligence, one must consider what is the intent.

[The prepared statement of Mr. Pfeiffer appears on p. 122.]

Mr. DASCHLE. Dr. Pfeiffer, we appreciate your statement a great deal. So oftentimes our mindset is only related to agent orange, and it does us very good at times—it does us well, I should say to be cognizant of the fact that there are agents that comprise a composite of different chemicals that are probably just as deadly on Vietnam veterans.

Last year in Public Law 97-72, we expanded the agent orange study to include these other toxic chemicals, and we are hoping very much that as time goes on we will get a better understanding of what they were responsible for as well. But your testimony certainly helps in that regard. We appreciate it.

Mr. DASCHLE. Mr. Burris.

**STATEMENT OF DON BURRIS, ADMINISTRATIVE LAW JUDGE,
SOCIAL SECURITY ADMINISTRATION, BILLINGS, MONT.**

Mr. BURRIS. I am Don Burris, administrative law judge, Social Security Administration, Office of Hearings and Appeals. I am not appearing here for Social Security or on behalf of Social Security directly or indirectly. They wouldn't let me speak for them, and I will be damned if I can think of anything to say for them.

I am in the status of an ex-Marine, staff sergeant, Korea, 1950-51, so I am one of those insufferable but lovable Marines. I want to say two things. I am from the eastern district of Montana, but I am

wearing a Pat Williams badge. I appreciate what you have done in terms of social security.

He is probably so sick of hearing from about social security he doesn't know what to do. VA is probably a relief for him. I have two things that I want to make very, very clear today. One, it is my opinion, and I think I can prove what I say beyond any doubt, that the fault for what is going on belongs on the Congress, not on the bureaucracy.

You people, in good faith, set up an agency and then you let that agency tell you what has to be done and there is no way that you can expect them to tell you something that is going to do away with the organization. We have the most recent social security amendments, and you fellows will be considering them soon, as H.R. 6181. This is a classic example of what goes on.

I can show you that this proposal came from the damn Social Security Administration. We are talking about a program that you folks set up that a lay person could represent himself. This says that once a man has made his initial application and been denied, he must make a showing in writing that his or her rights are prejudiced and then the Secretary will give him notices prescribed by another section.

I know lawyers that can't do this, and you are asking a lay person to do it. The worst part of it, the malicious part of this on behalf of the Congress, is who is going to decide—when the lay person comes in and sees my rights have been prejudiced, who is going to decide? Social Security?

What kind of a game is this? We have had a system of law in this country for 200 years. The deal is we would have three independent branches of government. I heard people this morning tell you, one, it should be adversary, and, two, that this in-house garbage has to stop. You have an adjudication officer, and I am not saying anything against him, but he works for the VA, for God's sake. He is an employee of the VA. Look at the social security. We get an initial determination made by the Social Security Administration. Big deal. The claimant gets a fair shot. He can ask for reconsideration and who makes that—Social Security.

If he doesn't like that, he can appeal to a judge. What judge? A Social Security judge. He doesn't like that, so he goes to the appeals council—what appeals council?—Social Security's appeals council, for an adjudication. In Abscam, Watergate, all the Congressmen putting this stuff on us, the minute they got nailed, they wanted every right, a fair and independent judge, an independent attorney.

They didn't want anything to do with in-house garbage. That is a fact. That is a fact of life, and again, I don't want you to take this personally, because I have great admiration for you two gentlemen and what you are trying to do here.

You set about the problem they have, and this is an adversary proceeding. You have an adversary proceeding that if I do something wrong as an individual I run into you, you can sue me, and that keeps me in line because one place to hurt anybody is in the pocketbook. You have a bill prohibiting personal liability on behalf of any employee responsible for violating a man's constitutional rights and it stands a good chance of passing.

If you give these people immunity, you will remove them of ability to be sued. I will whip those people into line who disregard people's rights and abuse the people. I will get a lawyer and you let me sue them and I bet you they will get another job or straighten up. It happens in every other area of our law.

Pat said something that I want to touch on. He said the cost. Now, one of the things—I am not a native Montanan, but Montana is a little bit different. Maybe we are back about 25 years. Up here a man's word still stands for something as it does in the Dakotas. We are maybe 25 years behind Los Angeles and New York.

Senator Melcher and Pat both addressed the Disabled American Veterans convention last week. Both alluded to the fact that we are talking about social security and changes that must be made because of the budget and the VA, what changes have to be made. I don't even want to hear that. There was a deal made. There was a deal made that if I worked and if I paid into social security when I became disabled or reached retirement age the Government would pay it. I don't want you guys to change that, because I am staying right where I was and I am expecting you to do the same.

The same with the veterans; 2,000 or 3,000 years ago, the Greeks, when they had a battle, went around the battlefield after the battle and killed everyone. That was probably humane back in those days, but as of the time of the Civil War, President Lincoln said it was the obligation of the Nation to take care of the man who had borne the battle and his widow and his orphan.

You heard about widows and kids this morning, and you have been perceptive of them for this generation and generations to come. Whatever the cost, the cost be damned. We owe it to them and there shouldn't be any kind of consideration coming into the picture to change the deal made.

If you go and fight, win, lose, or draw, we will take care of you—as Lincoln said, you have to do that. Again, because I take on Social Security, for whom I work, I am called a renegade, and other things. I accept that and appreciate it because it is probably the truth. I don't want you to take what I said personally to you.

I am emotional about it. I have seen it run around these guys, and I don't like to see what the Congress of the United States is letting happen and standing back and saying it is the bureaucrats. Bureaucrats do what the Congress tells them to do. As long as you keep going back and saying what do we need to do to change it, instead of going to outside help like these people who really know what is wrong, you are going to have the same problem and it is just going to get worse and worse.

Mr. DASCHLE. Mr. Marks?

STATEMENT OF DR. MICHAEL MARKS, WESTERN MONTANA CLINIC, MISSOULA, MONT.

Mr. MARKS. I am Dr. Michael Marks, a psychologist in Missoula, and I work a lot with Vietnam veterans with respect to posttraumatic stress disorder. I don't need, in the limited time to go into all the statistics about the problems in readjustment disorders of Vietnam veterans. I think that is pretty well known to everyone. For those who don't, I would refer to John P. Wilson's book "The For-

gotten Warrier Project," which is an excellent research. I do see in western Montana, in my involvement with Vietnam veterans, some problems with the Fort Harrison VA here. As you asked, Mr. Daschle, whether it is a problem of policy or a problem of attitude, primarily it is a problem of attitude.

There are some policies I think that do foster the problem. My experience with the Veterans' Administration here, there is almost a—I don't mean as a psychologist, but there is a kind of paranoia in the VA that every veteran that comes in and is seeking help, somehow the immediate assumption is they want some money. The attitude often comes across, and I have heard this reported by more than one veteran, the one including Tommy, as Pat Williams mentioned, "Oh, you are another one of those guys with a case of bad nerves."

Being confronted with that kind of attitude obviously escalates the types of problems that the veteran has. Then in order to get help, and especially in a State like Montana, where there is only one Outreach program, he has to either choose to leave or get embroiled in the system. The point I would like to make is that for the most part veterans don't want the damn money. They want their heads straight, their lives straight, they don't want to beat up on their wives anymore, they don't want to abuse their kids anymore. They want to live normal lives. They don't want any money.

There is also with respect to agent orange—I had an opportunity to talk to some employees at the Fort Harrison facility about agent orange. Their comment at that time was, well, the Government and the chemical companies said it didn't hurt anybody. When I suggested that if it would be all right if I dropped a 55-gallon drum of agent orange on their house, suddenly they changed their attitude.

To get back to the point of those that do attempt to get compensation, as Pat mentioned, one person named Tommy, in my work with veterans over the last 4 or 5 years, I have run into countless people that have been fighting the rating board at Fort Harrison from anywhere from 3 to 10 years. Currently we have a patient who is now in for his sixth psychological evaluation and has been told on all those evaluations that he suffers from post-traumatic stress disorder, yet he has been denied every time.

It makes it difficult—and I don't think you need to be a headshrinker to figure this out—that one of the problems in post-traumatic stress disorder is a distrust of Government and authority, and trying to sit in an office and deal with a patient about this problem when he is being jerked around and gone through six psychiatric evaluations is making it a little tough to be therapeutic.

It was mentioned that we needed to listen to the wives, and I think it is true that we need to listen to the wives of these men, that they have a lot to tell us. In Missoula and in Kalispell approximately a year and a half ago I asked the battered women shelters in those towns to keep track of how many women that came to those agencies were involved in relationships with Vietnam veterans. They kept track of that information for approximately 2 months and in both cities they found that approximately half of all the women that came to those shelters were involved in relationships with Vietnam veterans.

It is a known psychological fact that violence breeds violence, that we do have a problem here that is going to go on for generation after generation if we don't take care of it now.

With concern about the advertisement or making it known that the Veterans' Administration here was going to contract for services, at least to my knowledge, I have seen no advertisement of that in western Montana.

Finally, I would like to say, as Judge Burris noted, the money be damned. Obviously some of the things that need to happen will cost money. It will come out of my pocketbook. I, for one, am willing to pay it. I think also we need to recognize that we asked these people to go to a country many, many miles away from this continent and pay more than just money, and I think we owe them that.

Thank you.

Mr. DASCHLE. Thank you very much for that statement. Our last witness is Mr. Davis. Mr. Davis, do you wish to proceed?

STATEMENT OF RONALD DAVIS, VIETNAM VETERAN

Mr. DAVIS. My name is Ronald A. Davis. I live here in Helena and I served in Vietnam as a rifleman, infantryman with Company B, First Battalion, 12th Cavalry Airborne Air Mobile First Air Cavalry Division.

I was wounded December 16, 1968, and I still carry a 5.45 Combloc shell in my left upper arm. I have also experienced firsthand the ranch hand program because I was on the ground and they were in the sky. We talked to them on the radio and ran around on the ground and tried to cover up our equipment with our ponchos and we operated in areas on the Laotian/Cambodian border where the chemical was dumped exclusively.

According to the Defense Department, herbs tapes, Marine units, Army units were literally dumped on in all those areas.

Let me try to describe to you now after finding this out 10 years after the fact the process that the VA goes through for an agent orange claim and to have an agent orange screening.

First the nurse appears and takes your medical history, what unit you were with and what areas you were sprayed on. The nurse, or whoever you get to speak to, will also inform you that your chances of getting anything—I am not sure what that means—of getting anything are slim. We have already got it. We got it when they dumped it on us, and so anyway the process is to see a doctor and have a lot of blood work done and get a couple of X-rays and in the front door and out the back door, all within a kind of space age technology.

They don't believe this stuff. Gas, gas warfare, what are they talking about? The guys from World War I know about mustard gas; they know about blister agents. This orange situation is not that unique, and if the Office of Science and Technology can construct this study or this survey that is being done now maybe we can get some progress.

Anyway, out of the claims filed at Fort Harrison, I don't believe that there have been any granted yet. In our group we have children with birth defects and no history of birth defects in their families. That is serious. I don't want to drag that out, but I want to

say, when you go there and you do the orange thing at Fort Harrison, it is kind of an unbelievable story.

You show up, you go through what is an inadequate screening, the same screenings aren't done on all the people—it is not a uniform test. They have no information and without that information we are branded as nuisances, and if I am a nuisance because I got shot in 1968, I am sorry. I won't go next time.

All we want is a fair treatment program for both agent orange and delayed stress. Director Caldwell has admitted that there won't be a treatment program on line until October 1983. In the meantime, the stressers are left floundering; the agent orange guys, agent white, agent blue, paraquas' all that stuff they sprayed over there, all those guys are branded as nuisances. If that is the way the game works, we would like to take our business downtown and spread it around the community. There are enough people concerned about us in the community, professional people and medical people, that maybe we can contract with them and go downtown instead of going to Fort Harrison.

Mr. DASCHLE. We certainly want to thank each of you for your statements, the comments that you have given us, your contribution.

I guess in comment to you, Don, you said that it is our responsibility, and I guess that is why we are here, because we want to carry out that responsibility, and if it isn't working, if whatever it is that we perceive to be the solution to part of this problem isn't working, we want to find out why and make it work.

That is what it is all about. That is on our shoulders. If it doesn't work, let's see that it does. It took Congress 10 years to realize that agent orange was a problem, and now that the Congress has waked up, let's hope it doesn't take any more time to see that administrators throughout this country realize the impact and the problem there.

We have a lot of work ahead of us, but unless we have these hearings and hear from you on how these things are working, we will never get the job done. I think we have come a little closer for your contributions today, and for that we are very grateful.

Thank you very much.

Pat, do you have any comment?

I want to bring back now, if I can, Mr. Caldwell and Mr. Bohn, and is Mr. Orr in the audience?

Mr. Gary Orr? I wish he were here.

Let me ask either of you—and I don't know who would be the best able to address this—two questions posed to the committee first by one of the witnesses. Perhaps you could just address them to begin with.

Mr. Larson apparently addressed—do you have the quotes?

The question was, that Mr. Larson was indicating that the information provided through the psychological reviews given by Mr. Lewis had absolutely no impact, no effect at all for a rating, and that they didn't use this information in any kind of a case decision.

Is that true, and if that is true, tell me how in the world the system can work at all?

Mr. CALDWELL. I am not aware of the conversation, but there is no reason at all that Dr. Evan Lewis, who is a psychologist, his con-

sultation or any kind of contact he had with that patient couldn't be used by the rating board in making their decision. Some of his has been used. He does not normally see those that are applying for posttraumatic stress disorder claims.

Mr. DASCHLE. You are telling me that a psychologist can look at a veteran and give the very best analysis that a psychologist is able today, and you are saying that that information, regardless of how relevant it may be to his case can never be used——

Mr. CALDWELL. I said there is no reason it cannot be used.

Mr. DASCHLE. In other words, it should be used?

Mr. CALDWELL. Oh, sure. The rating board is looking for anything they can find to make these decisions.

Dr. Lewis is primarily in charge of our outreach treatment unit at Fort Harrison, so he is not normally called in on evaluations for posttraumatic stress.

Certainly what he knows about that patient can be used in their decision.

Mr. DASCHLE. Can you envision in any way why Mr. Larson would make a comment like that?

Mr. CALDWELL. No, I can't.

Mr. DASCHLE. Let's then ask Mr. Larson to submit to the committee an explanation, and I think that would probably be the best, and since Mr. Orr isn't here, maybe first if you could give us your impression as to why a statement like that could be made, I would appreciate it.

Mr. CALDWELL. I certainly don't know why he would make such a statement unless there was some misunderstanding of what he meant, and that is—one person hears one thing and one another. But Mr. Orr is chief of medical administration, and in my opinion that wouldn't be an accurate statement.

Certainly this hearing that has this kind of interest will have an impact on future legislation concerning veterans.

Mr. DASCHLE. Well, I can tell you this, it certainly will make every Member of Congress respond with even more determination in its effort to insure that this kind of response is met with some positive action on the part of Congress.

I am a strong believer in judicial review and there is no better way to deal with problems in adjudication in my opinion than through judicial review.

I would like to have Mr. Orr, and we will respond in writing to Mr. Orr, to explain himself to this committee and offer his side of that conversation.

[The following was received for the record:]

VETERANS ADMINISTRATION,
MEDICAL AND REGIONAL OFFICE CENTER,
Fort Harrison, Mont., June 23, 1982.

HON. THOMAS A. DASCHLE,
U.S. Representative,
Cannon House Office Building,
Washington, D.C.

DEAR CONGRESSMAN DASCHLE: As you requested of me at the Subcommittee hearing on Saturday, June 19, 1982, I have interviewed Mr. Gary Orr, Chief, Medical Administration Service, concerning his alleged comments to Mrs. Mary Laing concerning the Subcommittee hearing.

His conversation with her and Mrs. Gloria Davis was not related in any way to the Subcommittee hearing, but involved a hearing of a claim for disability submitted by Mrs. Davis' husband. He did not give an opinion as to the outcome of her husband's hearing. Mrs. Davis stated her husband already had a hearing, and she did not know what she could accomplish in her visit to the Adjudication Division following their receipt of additional reports from a psychiatrist.

I regret the misunderstanding caused by this conversation.

Sincerely yours,

FRANK W. CALDWELL, *Director.*

Mr. WILLIAMS. If the chairman would yield on that point.

Mr. DASCHLE. Yes.

Mr. WILLIAMS. Like everyone else here, I am uncertain of what was said and what was meant by it but if it was said, I know why it was said.

I know why it was said that the Congress makes no difference because many of you in this audience says it every week. It has been said for many years. You have been saying you send them to Congress; they go away and don't come back and they do no good.

Let me tell you, 90 percent of the Members Congress work hard, are concerned, and want to do what you want.

You want to know how Government grew? You wanted more social security and we gave it to you. You wanted better schools and the Congress of the United States gave it to you because that is what you said you wanted.

You said you wanted more veterans' benefits and you got them, more highways, more dams, more post offices, and you got them.

The Congress of the United States has been the most responsible, responsive political body in the history of the world, and that is why America, one of the reasons—not the only reason—that is why America has been such a marvelous democratic political system.

But it is not what people say every day. What they say every day is the opposite, and that is, you can bring a congressional committee out here, but it won't do any good. You can talk to any of them, but it won't do any good.

Nonsense. Everything we know about history tells us it is nonsense, and you have got to quit saying it.

Mr. DASCHLE. To you two gentlemen I would like to ask—we have all heard some of the statements given today. I won't describe them before I ask you—I think in summary, Donald Nance perhaps said it the best. He said the VA had been indifferent. They have not heard. They have been unfeeling at times, uncaring about the victims that have come to them for help, for assistance. They have pleaded to you for assistance and they have gone away wanting. What do you tell them?

Mr. CALDWELL. I met with the men in this group two different times, and I have had a better understanding of some of their problems during this time. We have made some efforts, and it probably will never be enough, but I think that they are a group of young men that need help, that have some problems, and in our effort to try to turn their perception of Fort Harrison around, we have done some things that I think we can be proud of.

As I say, it will never be enough.

Mr. DASCHLE. Do you think that we have succeeded or that we have failed so far?

Mr. CALDWELL. The country as a whole has probably failed in responding to many of the needs of this group of veterans.

Mr. DASCHLE. Well, I would certainly agree with you there. I think we have, and I think we have failed fairly miserably and very dramatically at times.

I came to the Congress in 1979 for the first time and I heard many of the comments that were so eloquently made this morning back then. I have devoted a great deal of my governmental career to trying to change some of what I heard back then, but I hear it all too often yet, and it troubles me.

Why can't we have a meeting of the minds? As Pat said, there are good people on both sides, well-meaning people, but yet for some reason a huge element of our responsibility as public officials, Government officials, seems to be falling through this cavernous hole that keeps those people from getting what they deserve.

I don't know whether it will take more laws or more people or better laws and better people, but we have to keep working at it or we are going to have the most disenchanting group of American people that ever existed.

I think it is our responsibility to see that that responsibility is met far better than it has been.

Mr. BOHN. I would like to respond with four comments that somewhat I think put together the threat of what was here.

I have worked with the Veterans' Administration for 22 years, and I certainly am not proud to listen to what I have heard this morning. That is an indictment, if you will, of our inability to be responsive.

Let me share a little bit of some of the problems from our point of view, and maybe a few comments of what can be done about it.

We heard some comments about agent orange, delayed stress, and the fact that there were individuals within the Veterans' Administration who are making a joke of it. One part of that problem is the difficulty we have recruiting physicians. I particularly have that at Miles City, and I know Frank has that to some degree here at Fort Harrison.

It is extremely difficult in spite of the salaries we are able to pay to get physicians to move to some of the remote areas where we have hospitals or to get more particularly their wives to come, so they won't come. What we need are some younger physicians, some physicians 5 or 10 years out of their training, and it is hard to find them.

We are working on that now, and hopefully within the next year we will be successful to get that type of physician who is a little closer in age to the men or the men whose wives testified here today.

It is extremely difficult to get someone who possibly had a war experience in the Second World War to appreciate some of the things we heard today about Vietnam. The matter of complaints—I think it is imperative that an individual who has a problem, no matter how small it would appear, they present that problem until it is resolved and not let it fester and create the kind of anger we have heard this morning.

In the matter of claims, I will cite you a couple of very specific examples of that. We fortunately have a veterans benefits officer at

my hospital who works for Frank and who had been very heavily involved in getting veterans back on track, a gentleman by the name of Haskell Painter.

There have been situations where fellows were in the service who came out of that service with less than honorable circumstances. In many cases those were not their fault, and with his perseverance he has been able to bring about some of the bureaucratic paperwork to get some of that turned around.

We had another instance, which is the typical kind of example cited this morning of a horrible misunderstanding between a veteran, a Second World War veteran, his wife, and a physician who is no longer with us. That veteran in turn then went to St. Vincent's Hospital in Billings and was cared for there and ran up a \$10,000 bill.

There is really no easy procedure in getting that corrected, but I think we have found a way, and with the help of our chief medical administrator, to work with that wife to get that turned around. I think we need to do more than that. It takes time, but that doesn't cost us money.

Mr. Williams talked about the problem with budgets. That is true—it is a concern, but the type of thing that we are talking about can be done.

Readjustment counseling: I think I have been lucky, if you will, in having the center at Billings and many of the veterans who come to be treated at Miles City have benefited from that team's efforts. Probably that is why I don't experience the extreme difficulty affecting Frank.

I don't think the budget would permit another center, but I think there could be some expansion of the situation we have in Billings, and I would like to after the hearing talk to both of you with Frank and the head of the funding we have for buildings, who is in the audience, as to what might be done about that in a practical sense.

Lastly, the question of dollars. We have to try to cut costs in terms of our own staff, in terms of the way we administer programs. However, that does not mean we can't be empathetic in the way we deliver and provide the services, and I think that is something we all have to work at very, very hard.

In instances where people don't do what they are supposed to do, yes, we have to take disciplinary measures and do that correctly. I know this is a challenge to most of the people in the audience. When they have a problem they have to be willing to tell us about it and willing to make it a matter of record.

As you well know, working with Federal employees, unless you do that, it is very difficult to take the proper kind of action.

Mr. DASCHLE. I want to ask you, in light of having made the adjudication failures that have existed parallel for some time, what can you do about that? What are you going to do about it?

Mr. CALDWELL. In the adjudication process I have tried to protect the rating board from any undue influence, whether it is from me or from Mr. Colvin, who is the Chief of Adjudication, who does not make decisions on that Board. He is the administrator, you might say, of the Board, to see that they get the training and the conduct

of the Board, how to help them in making their decisions, what to look for.

It is unfortunate that Mr. Colvin has received the kind of attention he has. I think Mr. Colvin is a very decent person, and there have been certainly difficulties in dealing especially with this group—this is a matter that I will have to take up—

Mr. DASCHLE. Is it conceivable to you that he could be failing in his job?

Mr. CALDWELL. Mr. Daschle, I would not want to make that kind of a statement because I think that it is a matter that with the attention certainly it is getting will have to be taken up with the central office.

Mr. DASCHLE. It is a problem, and I think that we are going to have to deal with it if we expect to bring back the credibility that I think we have to have to deal with these veterans.

Our credibility is at stake here, and in part that credibility rests on how well we administer the programs and how well we carry out the responsibility they perceive us to have.

That is not being done in adjudication or in agent orange treatment. If they tell us that they are not aware of the results of tests, it is not being carried out, and we have to be able to bring together those people who have that responsibility, who must retain that credibility, and those people who must be the recipients of the benefits and services provided within the Veterans' Administration.

Could you, as a result of this hearing, provide a routine accessibility to these veterans to allow them to direct their attention and their concerns and their problems to you directly on a weekly basis or something? Is that something that you could work out?

Mr. CALDWELL. It is something I would consider. I think on that frequent a basis it just would not maybe give me the time to attend to some of the other issues of the center. I have been willing to meet with them, and I felt as I have come away from those meetings with the veterans on two occasions, and with the wives on two occasions, I have had a better feeling of what their problems are.

Mr. DASCHLE. If it has worked, then you would be willing to do it some more, either more frequently and more routinely?

Mr. CALDWELL. I will be willing to do whatever we can to resolve some of these issues. I think that, two, we cannot forsake the veterans of other wars, too. There are many problems that are coming to the front now, especially with the aging veterans from World War I and World War II. I am not sure that we are going to be able to take care of all those problems that they will be facing.

Mr. DASCHLE. Then it is up to the Congress to provide you with the wherewithal to get the job done. I don't want to play off World War I and II veterans against Vietnam veterans.

Mr. CALDWELL. That was not my intention, either. We must serve all the veterans. I am committed to that.

Mr. DASCHLE. Well, let's hope we all are.

Pat, do you have any comments?

Mr. WILLIAMS. Can the VA document for us how many POW's are in Montana and how many of them are receiving benefits?

Mr. CALDWELL. Sir, I couldn't tell you. I would be happy to furnish the information.

Mr. WILLIAMS. I would appreciate that.¹

Would you address the problem that we heard in testimony concerning contracting with the Helena Psychiatric Clinic?

Mr. CALDWELL. Let me go back, I guess, to the point of our not being able to contract with them 10 or 11 months ago when I met with Dr. Davis. At that point the law covered the payments through the veterans outreach program, and they had the authority but didn't have the funding at the time to contract with the outreach clinic.

We got the money—and this is the answer I gave Dr. Davis and Joe Harrington, the Director of Social Work at the clinic—when we received the money about 6 weeks ago, it is through contract law required that we announce this to those that have the capability of furnishing this type of service.

Testimony opened up for a period of 30 days, and it closed yesterday and will be awarded within the very near future. I think it is certainly our high priority to get that contract out for those that applied and those that are qualified. It will be based on the resources, the expertise that organization has.

That is what the decision will be based on.

Mr. WILLIAMS. You and I visited earlier about an in-house psychiatrist. When will that person be hired?

Mr. CALDWELL. We have been having difficulty in recruiting. The decision was made about 5 months ago that we would recruit for a psychiatrist. We have had a number of applicants.

I think we have put some pretty high criteria on who would go into that job because it is going to take a unique person that has credibility with this group of veterans and with our staff and with the community.

I would expect that they would work very closely with the Comprehensive Guidance Clinic, the Southeast Mental Health Clinic, and any other mental health organization in the area. It is a key position and can't be filled just to get the job filled.

Mr. WILLIAMS. Are you close? Do you have some good candidates?

Mr. CALDWELL. There is one candidate that looks very interested right now. He is in the VA system and has had experience in dealing—he is a younger man that does have some experience in working with the Vietnam era veteran.

I had hoped to be able to make some sort of a commitment announcement today, but he has some other obligations and we are not able to get that any closer to a commitment so far.

Mr. WILLIAMS. When that person is hired, what will that person's relationship be with the Rating Board? Specifically, will the Rating Board be able to overturn the psychiatrist's diagnosis?

Mr. CALDWELL. An outside psychiatrist diagnosis—the plan would be to have him serve on the Rating Board. The Rating Board is made up of two administrative people who are—well, they are adjudication specialists, Rating Board specialists. They would be joined by a third person, who is a physician, and certainly in the case of a psychiatric diagnosis, a psychiatrist would serve.

¹ Not received at time of publication.

Mr. WILLIAMS. It seems to me that we have uncovered a couple of general kinds of problems from the testimony today. One is a deep-seated institutional problem. My friend Judge Don Burris and others spoke to that.

This committee can, through legislation and other efforts, move toward trying to resolve some of those very deep-seated and very difficult to focus on institutional problems.

There are some other problems out at Fort Harrison and Miles City, I suppose, and many other hospitals that really aren't institutional in nature, they are really very small. They have to do with how this delayed stress victim is greeted at the door. They have to do with whether or not somebody puts their signature on a letter that they send out. It is computer letters rather than personalized letters, and the computer letters miss the point and send out incorrect information.

You know, if I got one of those letters, that would add to my stress. I haven't gone through the terror that some of these people have. I do receive some letters that do add to my stress, however.

So what I am going to do, Frank, with your permission, is come back home again before too long and we will take some of these veterans, and you and I, and Colvin, or whoever you say, will sit down and see if we can work out some of these difficulties that are bothering people and, if we can resolve them in 15 minutes, let's do it.

Mr. DASCHLE. Thank you, Pat. I assume that both of you wish to—if you can keep it brief we will let you come up and make a final remark and then we will close the hearing. Some of us have some plane schedules.

STATEMENT OF DR. BRIAN DAVIS

Dr. DAVIS. I can be very brief. I hate to see a smokescreen go up to blame the clinical staff, because the clinical staff for the most part, I think they have some problems, but it is really a minor thing. The problem is with adjudication, and on the other side of the fence, not the clinical staff. I think that the thing has come full circle. I think right now that the budget is more important than the patient, and when that happens in any institution where health care is the question, it is time for them to close their doors.

Mr. MCBRIDE. My final comment, and I was hoping that Mr. Orr could be here, is concerning Bob Colvin of the Adjudication Board, and some information that I am privy to, and if Congress will keep the informant anonymous so that he does not receive repercussions from the Veterans' Administration, but Bob Colvin, who supposedly has nothing to do with the rating decisions, will attach at times a note telling the Rating Board how they should decide. On some of those decisions especially for post-delayed stress, the note read, "This man is a liar." And I believe Mr. Caldwell was aware of the fact that Mr. Colvin was making these decisions and passing them to the Board, and all of his or all of the Board's decisions still pass through Mr. Colvin's desk, so he should be held responsible.

STATEMENT OF RONALD WEST

Mr. WEST. My name is Ronald West. I served with the 199th Infantry Brigade in Vietnam and also with an aviation outfit 19 months. My father is an American Indian. He served with honor at Iwo Jima and Guadalcanal. He raised me with patriotic ideals of why we step forth to offer our lives for the freedom of humanity.

There are certain issues that are at the root of these veteran cases that are not being addressed, in my opinion. One of them is the moral issue of the Vietnam war itself, and whether my younger brother and my nephew or my cousin or my friend will be subject to the same immoral practices of Government in the future, because the fact that the framework for this that sent us there still exists for them, and I feel that is a legitimate concern that should be addressed.

The other thing that I wish to address, the other point that I wish to address is similar to what you have heard here today. Now, according to my neurologist, I am a dying man. I would like to see in my lifetime some degree of honor, repatriation, the right to petition for redress, all of the things that I was raised with, all the star-spangled glory, all the things that I was taught in public education that are turning out apparently in my lifetime to be half-truths, hypocrisies, and lies.

Insofar as my determination letter, it is stated on the back, United States Code, I believe that is U.S. congressional law, that it is in violation of the congressional law for me to pay more than \$10 to any lawyer to sue the Veterans' Administration for unethical practice. Yet I was told in education that one of my rights as a citizen was the right to petition for redress. This is the moral issue.

Another moral issue that might be addressed is the profiteering, and when are they going to make available the list of the contracts and the profits and the corporate consolidations, the Sealant Corp., the Bell Helicopter Corp., who made billions of dollars so that my friend Fred that I trained with and shipped over with could bleed to death in my arms and all I could do was kiss him, so that I could follow ward nurses around and give last rites to baby after baby after baby, where they got 200 infants a week and there were six French and Vietnamese nuns to care for them and the crib death was incredible.

These are the things that I lived with, yet I volunteered my life and I volunteered extra time. I extended my combat tour because of the principles that I was taught that I should uphold as a free American citizen of the United States, and that it was the right thing to sacrifice my life in the defense of those principles throughout the world, and I state to you today, and I believe that I am under a congressional immunity, I think you have a law that states that you cannot be prosecuted for any statements that you make in Congress—is that correct?

Mr. DASCHLE. There are situations under which immunity can be granted.

Mr. WEST. That is not a broad cover. Well, I will tell you anyway that I do not necessarily believe that the Constitution of the United States as our Founding Fathers perceived it, conceived it, and laid it out and it was taught to us from the time we were in third grade

and watched all your propaganda to include the Weekly Reader for the corporations is necessarily being upheld by your organization.

Thank you.

Mr. DASCHLE. Thank you for your comments.

STATEMENT OF LARRY SAVAGE

Mr. SAVAGE. I am Larry Savage. I am a veteran. I served in the Army Special Forces Demolition Corps all over Vietnam. We have covered a lot of issues here today and a lot of them is going to be on humanitarian and stuff like this. The wives talked about their husbands killing kids, women, children, you name it, but I want to kind of direct—I want to direct a question to Dr. Davis. I have heard through the grapevine, I would like your opinion on it, of something that kind of galls me a little bit on a World War I veteran that was 87 years old. They called him back in for evaluation. I would like your comment on that, Dr. Davis.

Dr. DAVIS. I saw him last week. He was in. They wanted me to evaluate him for the possibility of returning to work. I asked him where did you serve, and he said front lines in France, 1917. And he was suffering from posttrauma, also. It was not called the same thing then, and it was not funny, because to have him come there with his wife was extremely traumatic for him. They did not know where they were, they did not know how to get back to their car. It was pitiful, and the question was, evaluate this man, is he impaired from an industrial standpoint?

Mr. SAVAGE. Like I said, Mr. Williams, he was 87 years old. How many guys out here are World War I or World War II veterans are going to get called into Fort Harrison when you are 87 years old and get evaluated? This is what the veterans have to put up with, not just the Vietnam veterans, but World War I and World War II. As far as I am concerned, that whole place out there from adjudication on up the line, the whole works, are a bunch—and I am not trying to be unpatriotic and I promised myself I would not cuss, so I cannot tell you gentlemen in front of ladies here what I think of them. I would not be surprised if I get notified within the next week that I am being reevaluated.

Thank you very much.

Mr. DASCHLE. Thank you very much.

I am late in my schedule already, I guess, for my next flight, but I want to thank all of you. Pat, before we close the hearing do you have some final remarks?

Mr. WILLIAMS. The chairman asked me to thank you, Tom, for joining him out here. As I have said to you several times in the last 48 hours, I very much appreciate your attendance. Sonny said he believes you are clearly one of the committee's most aggressive, vigorous, and helpful members. I want these people, particularly the ones interested in the Vietnam problems, to know that the turning of the Congress attention to Vietnam problems is marked by the day Tom Daschle stepped on the floor of the House. It was from that time forward that the Veterans' Affairs Committee really began to focus.

Tommy started the Vietnam Veterans in Congress, of which there are not many, but there are some. He is the head of that

group, and with all deference to Chairman Montgomery, who is an excellent chairman of the Veterans' Committee, really one of the finest chairmen of the Veterans' Committee in the history of this country, there is not a better Congressman in this country for the Vietnam veterans than Tom Daschle, and I am delighted to have him here.

Mr. DASCHLE. Stoney Burk related some comments that I believe, as I think back through all of this eloquent and very, very heartfelt testimony today probably said it best. And I just want to, before we gavel this hearing closed, share with you again a couple of his comments.

I simply want to be left alone. I do hope that you will consider the plight of other veterans and do something positive to help them, but keep in mind that my statements are from the heart. They may be offensive to some, but they are honest. I want nothing from you but the urge to stop fence-sitting and to do something concrete to help us.

Stoney Burk, I think, said it for everyone before this committee this morning, and everyone who was in this room who cared enough to share with us their thoughts and to give those witnesses who came forth their support. You want to be left alone, but you want to be heard. You want us to carry out the promises given every veteran for more than 200 years. And I think this committee hearing has helped us along that road to come a little bit closer to that goal, and I can guarantee you we are not going to forget. We are going to go back, keep working and put the administrators' feet to the fire more than ever, and if we are not doing the job, I want to hear from you.

Thank you very much. The hearing is adjourned.

[Whereupon, at 1:30 p.m., the subcommittee was adjourned.]

APPENDIX

PREPARED STATEMENT OF FRANK W. CALDWELL, DIRECTOR, VETERANS ADMINISTRATION CENTER, FORT HARRISON, MONT.

I am pleased to have the opportunity to testify before this Subcommittee. I am confident that the staff at the VA Medical and Regional Office Center, Fort Harrison, Montana, is administering the Veterans Administration benefits programs in an equitable and timely basis and that the medical staff is providing quality medical care.

However, this is not to say that there have not been matters of great concern, particularly as concerns the Vietnam veterans.

As I analyze the concerns being investigated by this Subcommittee, I feel there are four primary issues which I will respond to separately.

1. As to the subject with respect to admitting practices, I am somewhat at a loss as I do not perceive this as a problem. Our acceptance rate for admission to our hospital compares favorably with national acceptance rates. Similarly, we have conducted studies which show that our admission times are not unduly long and compare very favorably with national VA admissions times. The only admitting problem I am aware of is a reluctance on the part of some Vietnam veterans to use VA medical facilities, and I am happy to report that we are seeing more and more Vietnam veterans seeking care in our Fort Harrison facility.

2. As to the question of quality of health care, I take the position that we are delivering medical care of the highest quality in those medical care areas approved and funded by our VA Central Office. We have four (4) surgeons, three of whom are certified by the American Board of Surgery and one who also has certification in thoracic surgery. Medical Service has eleven (11) physicians, five of whom are certified by the American Board of Internal Medicine. Our Chief of Pathology is certified by the American Board of Pathology. We also use the consulting services of numerous highly qualified physicians in Western Montana who represent almost every medical subspecialty. We have a psychologist with a Ph.D. and a former psychology technician as a Vocational Rehabilitation Specialist who has a Masters Degree. Social Work Service has four employees with Masters Degrees, all of whom have had training in psychiatric social work and who are certified by the National Association of Social Workers. Nursing Service has one nurse clinical specialist in psychiatry with a Masters of Nursing Degree. There is a full time alcoholism counselor with a Bachelors Degree in Social Work.

There is a full complement of registered nurses and licensed practical nurses, as well as a fully staffed pathology and radiology department. This staff, for the most part, has the best and newest equipment with which to work. Equipment deficiencies are minimal and there are plans to correct such deficiencies in the near future. The hospital has received full accreditation from the Joint Commission on Hospital Accreditation for the last ten years and just received a favorable report last year from the VA's own Central Office Evaluation Review Program (SERP). The mail that we receive that is complimentary of our medical care outnumbers the complaint mail by a ratio of 3 to 1.

I am concerned that we do not have a psychiatrist on our staff and have limited mental health care capabilities. In this regard, we are recruiting for a staff psychiatrist who would be particularly knowledgeable in the area of stress-induced psychiatric problems. Without a mental health care unit, the addition of a psychiatrist to our staff, when supplemented by two clinical psychologists, a psychiatric nurse, and four degreed social workers, plus an alcoholism counselor will enable us to render quality care in the area of mental health. Under Public Law 96-22, we are taking bids from mental health organizations and individuals who will furnish outreach counseling for Vietnam era veterans and families in Helena, Great Falls, Butte, Missoula, and Kalispell. Applications for this contracting of services which were re-

ceived up until yesterday will be evaluated next week and this counseling will be available very soon.

In the area of mental health care, we have tried to work closely with the Vietnam veterans suffering Post Traumatic Stress disorders and those concerned about exposure to Agent Orange. Several meetings have been held with numerous Vietnam veterans in this area and we have also worked closely with the Comprehensive Guidance Clinic in providing fee basis treatment not only for the veterans, but also their spouses and other dependents. We conducted special training for employees most likely to deal with the Vietnam era veterans who have been reluctant in the past to seek help from the Veterans Administration.

3. As to the quality of service provided by the Center's Regional Office, I must point out that our timeliness and quality for all the benefit programs compare very favorably with all national figures. While the present economy and high unemployment are adversely affecting our Loan Guaranty program, we are doing everything humanly possible to avoid foreclosures and minimize costs to veterans when foreclosures are unavoidable. When we sell our Property Management homes, we price the houses to protect the equities of other veteran homeowners in line with market prices by working with local real estate people.

Every effort is made to resolve any reasonable doubt in favor of claimants for disability compensation. However, by law there must be a showing of current disability resulting from injury or disease incurred or aggravated in service. Perhaps the most difficult determinations involve diseases or injuries of delayed onset, i.e., those whose appearances are delayed for a time after the precipitating event. "Post-traumatic stress disorder" is such an illness whose onset may follow the traumatizing event by many years. The Department of Veterans Benefits has issued information to field stations concerning the nature of this disorder, and instructions regarding development of evidence in order to assist claimants in establishing entitlement. However, besides the difficulty of attributing current emotional problems to perhaps long-precedent, service traumas, the decisions are sometimes further complicated by difficulties of diagnosis. There are more than twenty different classified emotional illnesses defined in the American Psychiatric Association's Diagnostic and Statistical Manual (Third Edition) which exhibit symptoms similar to "post-traumatic stress disorder," but warrant differing diagnoses.

Claimants who are disappointed at the original stage of the claims-decision process are entitled to appeal the denials to the Board of Veterans Appeals. The Board takes a fresh look at each claim, according no presumption of validity to the findings of the original decision makers.

4. So, too, have we fully implemented the "Former Prisoner of War Benefits Act of 1981," Public Law 97-37, at Fort Harrison. That law made it easier to establish entitlement to compensation for certain nutritional and psychiatric disorders now suffered by some ex-POW's, even if there is no showing of disability until long after service. It does not, however, authorize us to compensate ex-POW's for all injuries or diseases not reasonably shown to relate to the POW experience. I believe scrutiny of the implementing VA regulations and circulars will show them to be faithful to the liberalizations enacted in Congress.

In conclusion, I feel that most of the issues have developed from a breakdown in communications or a misconception as to the role (and more especially the limited authority) of the adjudication process. I appreciate this opportunity to comment on these matters.

PREPARED STATEMENT OF GORDON K. BOHN, DIRECTOR, VA MEDICAL CENTER, MILES CITY, MONT.

Individual ratings of physicians and employees who work in radiology, laboratory, dietetics, and the canteen were all very high. In the case of radiology and dietetics, the ratings were near 100 percent. The attitude toward waiting time, during the admission process, was very high when compared with the average waiting time of comparable hospitals. This is often a problem at medical centers and creates much unhappiness among veterans who present themselves for evaluation for medical care. A possible explanation for the rating we received has to do with an increase in the number of patients who are scheduled for admission and the responsive attitudes of our nurse practitioners and physician's assistants who are the first point of contact of veterans in the outpatient area.

One of the more sensitive areas that the medical centers must always be concerned about is the veteran patient's attitude toward the physician. That is, to what degree does the veteran patient perceive the physician as competent, thorough, un-

derstanding of the patient's medical problems and explaining their procedures to patients. This is particularly important in a rural setting such as eastern Montana where all citizens, including veteran patients, like to feel they are getting the best medical care possible and that their physician understands them. Our ratings are high and those for surgical patients are significantly above the norm. However, it is an area that still could stand improvement and needs to be carefully monitored. In a medical center of our size, even one physician being perceived as less than empathic, can significantly distort these statistics. The veterans are encouraged to share any negative perceptions while at Miles City and feel no fear of reprisal. This is important since it will mean we can look into any such problem and see to it that timely corrective action is taken rather than wait for an annual or bi-annual survey.

Complimentary letters regarding the care and treatment received from either veterans or their families far outnumber letters of complaint. This is as it should be and, of course, we hope it will continue.

Mr. Chairman and members of the committee: Good morning. I wish to express my appreciation for the opportunity to appear before you today for the purpose of answering concerns expressed in regard to health care provided Montana veterans at Miles City, VA Medical Center. I will also attempt to respond to issues of concern to the Vietnam era veterans.

II. QUALITY AND QUANTITY OF HEALTH CARE DELIVERED

(A) *Quality*.—The VA Medical Center, Miles City, Mont., had a visit by the Joint Commission for the Accreditation of Hospitals in August of 1981. As a result of that visit, this VA medical center received a two-year accreditation and certification from the JCAH. There were a relatively small number of recommendations, the majority of which had either been implemented or were scheduled for implementation at the time the certification papers were received. This occurred approximately two and one-half months after the visit. There is in place, at the VA medical center, the quality of care review mechanisms that are required by both VA central office and the various accrediting bodies. We are very fortunate to have a highly competent and persuasive individual who coordinates these functions and, therefore, meaningful utilization review of the medical care functions is constantly taking place.

Patient attitudes toward the care provided, as measured by the 1981 patient satisfaction survey which was conducted in November 1981, have been very positive. The majority of results are significantly better than the average for comparable VA hospitals of our size and complexity. These positive responses were better than 90 percent in all overall indices with two of the six indicators being at 100 percent, these were nursing care and cleanliness. One area which does need more attention is emotional support provided patients. Although the rating was near average for medical patients and considerably better than average for surgical patients, it has declined some since the 1980 survey; this is being evaluated and an attempt is being made to determine the cause of the decline. There may be some relationship to the fact that there has been a change in the physicians assigned to the medical service since the 1980 survey.

(b) *Quantity*.—Over the past six months, there has been a dramatic increase in the number of admissions to this medical center from that of previous years. This increase is 21 percent over that experienced in fiscal year 1981 and is 20 percent ahead of the past five-year average. Additionally, we are treating 23 percent more patients this fiscal year over last and we are treating 21 percent more patients than has been the case over the last five years. Of course, all of this would not be possible without an increase in the average daily patient census, which is 21 percent higher than last year and 14 percent higher than that experienced from 1977–1981. A part of this quantitative increase is a result of a somewhat greater demand for care. For the past three months, our applications for care are up significantly. In addition, there has been a change in the philosophy among the physicians in the medical service, whereby, patients are admitted who have been on the ambulatory care roles for several years without an inpatient workup. We have also been fortunate to have additional funds for the community nursing home program and, thereby, have been able to place out in the communities an average of eight to ten more veterans at any given time than has been the experience at this medical center—this is a 50 percent increase in that program.

III. ISSUES OF CONCERN TO THE VIETNAM ERA VETERANS

(A) *Agent Orange*.—The Veterans Administration continues to be concerned about the agent orange issue and is striving to resolve it as expeditiously and reasonably

as possible. As we have become more involved in the pursuit to this problem, we have come to appreciate more fully the complexity of the many variables which impact on the agent orange controversy. The seriousness of the issue and the very real concern of Vietnam veterans and their families are a constant motivating force for responsible and effective actions and programs. We hope that the epidemiological study, the literature analysis, and other research endeavors concerned with agent orange will assist us in providing definitive, scientifically valid answers. The final protocol for the epidemiological study was submitted to the Veterans Administration on April 29, 1982; it is now undergoing simultaneous peer review by VA, National Academy of Sciences and White House agent orange working group. This involved and multiple review process is necessary to assure that the process of conducting the study will be valid and address all of the issues. Hopefully, this then will produce results which will be less likely to be challenged on technical grounds. It must be stated, that this process will take many years with no guarantee that all the answers will be found. We can only guarantee that our search for answers will be supported by the full energy and resources at the disposal of the Veterans Administration. I cannot state in strong enough terms, that it is the stated policy of the Veterans Administration that no eligible veteran will be denied medical care and treatment by the VA because the answers are not in. This is our philosophy at VAMC, Miles City and requires us to provide compassionate and understanding service. Specifically, this has meant that we:

(1) Since April, 1979, we have completed 270 agent orange exams at VAMC, Miles City, Mont. This is about 27 exams per quarter of which 6 were admitted for treatment. The latter is in keeping with the provision of Public Law 97-72 which authorized the VA to "provide certain health care services to any veteran who while serving in Vietnam may have been exposed to dioxin or was exposed to a toxic substance in a herbicide or defoliant used for military purposes" we have interpreted these guidelines to be that any veteran who meets the above definition and who is suffering from other than one of the following: (a) Congenital or Developmental condition, e.g., Spina Bifida, scoliosis; (b) Conditions which are known to have pre-existed Military Service; (c) Conditions resulting from trauma, e.g., deformity or limitation of motion of an extremity; (d) Conditions having a specific and well established etiology, e.g., Tuberculosis, Gout; (e) Common conditions having a well recognized clinical course, e.g. Inguinal Hernia, Acute Appendicitis, will be treated.

(2) The outpatient routing sheet and the statistical activity board have been revised to obtain additional information of medical care provided to veterans alleging agent orange in Vietnam or to ionizing radiation in Hiroshima, Nagasaki or in nuclear tests. This information will be needed for a recurring report to Congress and to provide better information as to the magnitude of these problems.

(3) A new agent orange fact sheet has been printed and distributed to all medical centers. Also, additional agent orange material will follow a new agent orange pamphlet is under way. These publications are given wide distribution to veterans' organizations and VA offices and are given to all interested veterans who come to Miles City for care.

(4) As a second part of an educational effort, Miles City has exposed VAMC Miles City staff personnel to the following in an effort to sensitize them to all known ramifications of this issue: (a) Shown the special video-tape "agent orange, a search for answers"; (b) Distribution of and discussion of the professional newsletter "agent orange" bulletin; (c) Distribution of and discussion of two vol. literature analysis; and (d) Discussion of method of handling and implications of implementing Public Law 97-72.

(5) In conclusion, the VA's agent orange is a multi-faceted and far reaching effort that remains committed to serving the needs of veterans as they relate to this very visible, sensitive and often emotional issue. The informational aspects of the program are directed toward dispelling as far as possible the fear of the unknown. The research efforts are prompted by the concept that major policy initiatives related to the health of veterans should be based on sound scientific principles.

(B) *Post traumatic stress syndrome.*—There has been a great deal written and a great deal of misunderstanding about the prolonged readjustment difficulties experienced by some Vietnam era veterans. The very nature of that conflict, the type of fighting that went on, the mandatory rotation system, and the attitude in the United States, particularly during the latter days of that conflict, all contributed to some of the difficulties in readjustment experienced by these individuals. We have tried very hard to acquaint our clinical people with this very real problem. Although such a syndrome may have occurred in previous wars, the understanding and its effects on the returning veteran was very different. Although there were similar etiologies in other conflicts, they were perceived to be short lived, to be dealt

with within the military experience and were thought to be reduced by unit morale and mutual support from colleagues. Those who reported shell shock, which was classified as a type of hysteria as a result of fear, fatigue and personality of the soldier, had similar symptoms as described in the current medical definition of post traumatic stress syndrome. During World War II, the symptoms went under a symbol of "battle fatigue" or "combat fatigue." Even though it was dealt with in a similar way and there were found to be methods to make a soldier able to handle such problems better, there were still a number who had impaired or marginal adjustment while returning home. It has been difficult to have precise measures of this problem due to the fact it was not classified as a separate distinct diagnosis with its own name until July of 1980. Therefore, there has been no consistency in the identification, diagnosis or reporting of such problems. The important thing to remember is that post traumatic stress neurosis, or disorder, is a neurosis produced by unusual stress. The exact term or duration is considered unimportant. As this problem has been better understood, mental health professionals have come to the conclusion that the trauma was real and the treatment must focus on symptoms rather than permit the victim to regress into a passive dependence on a therapist, other group members or reliance on compensation and pension systems. The veteran is encouraged to vent his feelings when feelings are regarded as realistic under the circumstances and he must work these feelings through until he becomes more comfortable with them and is able to accept the fact that they may persist indefinitely.

All of the above has resulted in the establishment of veterans' readjustment and counseling centers. These are separate and distinct from the hospital, even though these centers are staffed by Federal employees. They thereby have a greater degree of autonomy in fulfilling their mission than would otherwise be the case were such a treatment program a part of and closely associated with a medical center. Needless to say, with many of the economic pressures on our citizens in this country, it has not been easy to recognize and address the social basis for the Vietnam veterans' predicament. Efforts have been made to train and provide adequate but not overwhelming supervision for peer counselors in the current outreach effort. VA central office is supporting ongoing basic research and professional development to deepen the knowledge and expertise available on human response to massive trauma.

In Montana, we have one veterans' readjustment and counseling center located in Billings. Even though it is logistically supported by the Miles City VA Medical Center, it has functioned with the degree of autonomy necessary to allow the following to take place:

- (1) The veterans have been able to sort out their feelings to the extent possible.
- (2) There has been a successful effort in having the veterans who take advantage of the counseling: (a) Recognize when assistance is necessary and provide the linkage with mental health therapy when that is indicated; (b) align veterans for re-training opportunities; (c) provide veterans with employment assistance; and, (d) help veterans and significant others, with whom they are associated, to deal with the stressful situations they are experiencing.

Even though there is no mental health capability at the Miles City VA Medical Center, we still provide medical treatment for veterans who, at the same time, may be experiencing post traumatic stress syndrome. This has required us to have our clinical staff adequately understand what is currently known about post traumatic stress. We have shared the written material with our staff, individually and in meetings, so that they are aware of what is known about this situation. The manuscript entitled, "The Legacies of Vietnam," available in the library, is for the use of all of our clinical staff. The coordinator of our vet center, has attended staff meetings on several occasions and has been the principle speaker in an effort to bring about better understanding.

It has been my commitment, and will continue to be, to provide the vet center in Billings with all the resources made available to that program and the logistical support necessary to make it function in an optimum way.

IV. GENERAL IMPROVEMENTS AT THE VAMC, MILES CITY

(A) The care and treatment of veterans:

- (1) We are currently improving the operating room suite by correcting some deficiencies that have been identified by the Joint Commission on Accreditation of Hospitals and by providing a post-anesthesia area within the operating room suite. This should improve those functional relationships in the suite which are essential for good and efficient care of surgical patients.

(2) The design work on a brand new intensive care unit is close to completion and we are optimistic that a contract for the construction of this unit will be awarded early in September. This will make it possible to provide intensive care, meet the current criteria for such a unit, and be able to construct this new unit without any interference with the current interim ICU.

(3) We will replace all of the windows in the main hospital building this summer in order to help reduce the loss of heat and drafts on our bedfast patients. This is vital in an area where energy costs have tripled in the last two years.

(4) The recently updated version of the five-year facility plan will: permit some relocation of services within the medical center complex; provide an area where physical therapy can be placed on the ground floor to better accommodate ambulatory care patients; make room available for additional nursing home care beds.

(B) Improvements in health care delivery, personnel and modalities: (1) Physician and physician extender recruitment—there has been a concerted effort at this medical center to recruit properly trained, certified and responsive clinicians. In 1979, five of the eight physicians were foreign born and foreign trained even though in most cases they had graduate medical training in this country. Due to the fact that these individuals had difficulty in communicating in the English vernacular and particularly in communicating with veterans, we have concentrated our efforts on recruiting physicians who are American born and American trained physicians. All of these individuals are either board certified or board eligible in their particular specialty. There is an ongoing recruitment program for additional physicians and we are currently considering four candidates. To complement these physicians we have been successful in recruiting some very well-trained physician extenders, two or whom are nurse practitioners and two are physician's assistants. These individuals are well known to the veterans, have been well accepted and are providing high quality care. We have had to rely on a consultant radiologist and a consultant pathologist due to our size and isolated location. Both of these individuals are properly certified and serve in the same capacity at the other hospital in Miles City, the Holy Rosary Hospital. As our workload increases, as it has in radiology, we will consider the possibility of hiring our own specialists.

The largest clinical deficiency at this time is the lack of a consultant psychiatrist. With the increasing number of mental health related problems, such as the post traumatic stress syndrome, it is imperative that we have available such an individual. There is not a psychiatrist in eastern Montana outside of Billings.

Therefore, a joint recruitment effort with the Holy Rosary Hospital, the Garberson Clinic (a group practice of physicians in Miles City), the Pine Hills Boys School, and the community mental health center is under way. We are confident that with time we will be able to locate an individual who can satisfy all of these needs and that this arrangement will produce an adequate income to attract the proper individual. It may appear that we are being extremely selective, however, we are interested in high quality physicians.

(2) Itinerant outpatient clinic in Billings—over the past year we have been working on a proposal and attempting to locate space and recruit people to open a medical outreach effort in Billings. This is particularly important due to the large number of veterans, particularly those of the Vietnam era, who are located in Billings. We are still confident that such an effort will come to fruition by the early fall.

In conclusion, I hope the foregoing comments have shed some light on and clarified some of the efforts we are making in the areas of concern at this hearing. I am pleased to have been able to address the subcommittee on these matters and will be happy to answer any questions that may require further elucidation.

PREPARED STATEMENT OF FREDERICK MACKINTOSH, COMMANDER, DEPARTMENT OF
MONTANA, DISABLED AMERICAN VETERANS

Mr. Chairman and members of the committee, I am Frederick John MacKintosh, the past department commander of the DAV in Montana and currently department adjutant-treasurer. It was pleasing to receive your kind invitation of May 20, 1982 to have this opportunity to present to your committee information that we hope will improve the quality of health care delivered by the VA in Montana, but even more important, to improve the quality of services provided by the regional office adjudication division at VA Center, Fort Harrison, Montana.

The DAV, as you know, is a single purpose organization chartered to advance the interest and work for the betterment of all wounded and injured and disabled veterans, their widows and orphans.

To fulfill this function, we hope your committee will recommend to President Reagan action to improve our veterans' lot as it now exists in Montana, which we feel is ill-affecting the well being of many of the men and women from this State who sacrificed themselves for their country. The DAV, as you know is not the largest veterans' organization in Montana, but in the past 36 years we have set up over 21,000 office files on veterans of the great State, who by choice, have designated the DAV to represent them in matters pertaining to benefits administered by the Veterans Administration, VA records will show that the DAV handles more active claims for veterans in Montana than any veterans' organization chartered by the U.S. Congress. With this wealth of experience, we are proud to be called on to make recommendations to your committee.

Services to veterans could be improved in many ways, but because of limitations implied by your invitation and the 5 minute period which we understand is to be allotted to this department, we will boil this report down to what we consider the most essential major problems of concern directly affecting our veterans which are presented in the sequence of priority.

We call your attention to the lack of concern in the development of many claims of combat veterans, post traumatic stress, combat fatigue and former prisoner of war cases where inadequate examinations are being accepted for rating purposes.

A physician performing examinations for VA compensation purposes, should be aware that the report of his or her examination will become a permanent record. The report will be referred to, not only at the time of the next review of the case, but also from time to time throughout the veteran's life and also even after his death. The purpose of these examinations is to establish the presence or absence of disabilities, injuries or residual conditions and to record findings indicative of the disabling conditions, so they may be evaluated. Since financial obligations are often involved, good examinations of applicants for disability compensation are imperative. An inaccurate examination may lead to the acceptance of a substandard report, and incomplete or perhaps biased examination may deprive a veteran and his dependents to benefits to which they are fairly entitled.

Many veterans know the adjudication officer who has been assigned to VA Center, Fort Harrison, Mont. since January, 1979, is anti-veteran. VA people in charge of this center at that time were aware of his shortcomings and track record in Alaska and Boise VA's but regardless, were forced to accept him. We call your attention to the fact that there has not been a full time medical rating specialist assigned to the rating board at Fort Harrison for many years, nor have we had a legal board member since February, 1980. We maintain they should be the two most important members comprising a three member rating board on the basis that quality ratings require the good knowledge and medical advice of a full time medical member and the advice of good legal authority to appraise evidence submitted in support of various combat veteran's claims. We feel that the adjudication officer at this center does not have the expertise, desire nor background necessary to function properly as an adjudication officer, in that he does not utilize the intent of the VA rating schedule as regards, "the reasonable doubt doctrine", "circumstance of service", "combat-pow experience", "the history of life threatening situations", etc., nor has he demonstrated that he understands the considered opinions of specialists in their field, i.e. psychiatrists, psychologist) nor does he thoroughly and conscientiously study evidence of record in light of the established policies of the VA to the end that decisions will be equitable and just as contemplated by the requirements of the law. To often sufficient emphasis is not placed on the intent of the law. In fact, we feel that too often the intent of the law is wholly disregarded. We feel that the lack of professionalism and procedure is directly responsible for strained public relations, brought on by dogmatic and uncompromising decisions at this center. We feel that the great combat veterans of Montana are as deserving of good rating board practice, examinations and treatment as the veterans of Massachusetts, New York, Texas, Florida, Ohio and Mississippi. Whether a board handles eighteen or thirty cases a day does not matter. What is important, is that all cases should be afforded the same degree of knowledge and attention. Following WW II, with 78,000 veterans in Montana, we had three full time rating boards at this center, now with 106,000, we have less than one. We feel a concerned, qualified adjudication officer could correct these unjust conditions.

Unfavorable ratings have been protested on the basis that examinations performed by VA fee basis physicians in the field were completely inadequate for rating purposes, as the examiners did not have access to the veteran's claim file (supporting evidence and/or medical records) for review prior to, or at the time of examination and no other information was provided the examiner, aside from the fact that he was supposed to do what the VA refers to as A C & P examination. In

some cases, when the claimant reported, the examiner asked what he was suppose to examine the veteran for! We have protested such ratings on the basis the examination was substandard or inadequate. Consequently, a method was supposed to have been established, whereby, the adjudication officer, and others, involved in the scheduling of examinations, agreed that they would extract or make copies of, and make available to, contract examiners in the field, evidence from the veteran's claim file, especially, in post traumatic stress, former POW and combat cases. Documents such as certified statements, buddy statements, and/or copies of letters written to officials in high authority by the veteran, such as the Honorable G.V. "Sonny" Montgomery, chairman, House Veterans Affairs Committee, Honorable Alan K. Simpson, chairman Senate Veterans Affairs Committee, Max Cleland, former Administrator, Veterans Affairs and Robert P. Nimmo, Administrator, veterans affairs, so the examiner in the field would have some data, concerning the circumstances of service, life threatening situations, ect., and have some understanding of what was involved. Somewhere, in the shuffle, there was a complete loss of communication within the VA, and nobody in the VA system was assigned to see that this procedure was accomplished and nobody in the VA, apparently, wanted to accept the responsibility. Later, the problem was brought up again, and assurances were made that this policy would be put into effect. Now the Veterans Administration indicate they can not carry out their responsibility. Where does the Veterans Administrations priorities lie? We find that the examinations made on station for non-service connected pension cases are adequate. If we cannot get adequate examination reports from contract field examiners certainly, the VA could properly schedule these former POW's and combat cases to a qualified VA examiner, who should have complete access to the claims file for review.

We cannot erase from memory or the record the fact that it was only by organized effort of veterandom, the Honorable Senator Mike Mansfield, the Honorable Senator Lee Metcalf and the Honorable Senator John Melcher, who at that time was a U.S. Congressman, that the VA hospital in Miles City, Montana, was finally removed from the list of hospitals scheduled to be closed by June, 1965. It is a disgrace to the Nation and Veterandom, that VA hospital facilities in Miles City and Fort Harrison may again be slated for the axe at a time when the Pentagon is urging the Nation's civilian hospitals to set aside about 50,000 beds to help care for heavy casualties that would be expected early in a major war. World affairs being what they are today, we could be in a war at any moment. In conclusion, we wish to leave the committee with the impression that we feel pennypinching at the expense of those to whom we owe so much is wrong as it applies to any part of the VA hospital or compensation program. We sincerely believe that the proposals we have offered for consideration are eminently fair and reasonable, that their enactment would require no extravagant outlay and are squarely in the public interest. What we don't need is to send a signal to America's young people that Congress is no longer willing to provide servicemen with the care and benefits they deserve after they have served their country, or break a promise to so many, who have served so well. We earnestly urge the committee's full, and active support of our recommendations. Thank you:

PREPARED STATEMENT OF GREG RODRIQUEZ JR., CHAIRMAN, EX-POW VISION QUEST,
MISSOULA, MONT.

Mr. Chairman and members of the House Committee: First let me express my gratitude for this opportunity to appear as a witness today. In Western Montana, we are privileged to have Pat Williams, a man of remarkable ability and eloquence, to represent us in Washington.

Rep. Pat Williams has consistently demonstrated his concern that Montanans maintain our quality of life. His action in bringing the Veterans Affairs Committee to hear the rank and file testify about their concerns is further evidence of his commitment.

My testimony will deal primarily with the problems facing former prisoners of the Japanese and their families.

Three recurring themes are found among Far East POWs and their families: Frustration, over lack of treatment and adequate compensation, concern, that health problems seem to be multiplying at an accelerated rate, i.e. "premature aging," abandonment, both in the Philippines and now.

In the cover up of the nefarious germ warfare experiments conducted at Mukden by Gen. Ishii and Unit 731, these men have been written off. They have been told that there simply are "no records."

We are calling today for establishment of a Canadian-Style Social Safety Net—with automatic compensation for FEPOWs and their widows. We also are calling on the Veterans' Administration to locate, identify, and treat the fevers of unknown origin that plague these men.

In July of 1978 my father, Gregory Rodriguez Sr., was hospitalized for the fifth time in 4 months. The infection that constantly sweeps down upon him includes not only chills and fever, but also painful delusions of being once again captive and under Japanese domination.

From 1974-78 I served as Health Educator and Program Planning Director of the U.S. Public Health Service in Montana on the Flathead reservation. In this capacity, it was my duty to identify program areas for both emphasis plans and unmet health needs. An emphasis plan is simply a reordering of existing services. An unmet health need is a health problem area which cannot be addressed with existing staff and funds. Today, ex-prisoners-of-war who were interned during Pacific actions in World War II represent an unmet health need in the Veterans' Administration. It is estimated that of the 16,000 Pacific ex-POWs who returned to the United States, only 4,000 are alive today. These survivors desperately need patient education.

This document will present evidence which underscores the need for accommodation by the Veterans' Administration toward these men. I will show that FEPOWs were used as guinea pigs in Mukden. These records have been stamped "Top Secret" for 40 years.

Already this issue is receiving national and international attention; on April 4, 1982, the news program "60 Minutes" broadcast a program titled "War Crimes." This featured John W. Powell, who discussed the MacArthur Ishii cover-up in detail, and also provided a glimpse of the Tokyo Broadcasting System film, "Unit 731," aka "A Scar Left by the Devilish Unit 731." The producer of the film, Haruko Yoshinaga San, has provided a statement that I would like to insert at this point.

STATEMENT OF HARUKO YOSHINAGA, CHIEF DIRECTOR, TOKYO BROADCASTING SYSTEM, INC.

Since 1972 TBS news documentary group which is headed by Chief Director Haruko Yoshinaga has been conducting researches and news gathering activities on the subject of 731st Unit. 731st Unit was an ultra secret biological warfare unit of former Japanese Imperial Army during the World War II.

The headquarters of 731st Unit was located in Pingfang, Manchuria and had been developing bacteriological weapons as well as conducting living body tests on nearly 3,000 Chinese and Russian POWs for medical and scientific researches until 1935 when Japan was defeated.

When we began our probing the situation was extremely difficult, since there was no list of scientists who were engaged in the above mentioned affairs was available, and the former members of the unit had hidden their identities. Starting from that point we searched for former members among universities, medical research institutes and hospitals and looked for their places of retreats, and tried to take records for the past ten years. However, most of the former members refused to talk to us; some of them started to shudder when they had to face us. However, as the result of our patient and unflagging efforts several former members started to talk to us about 731st Unit.

Currently we are trying to find out and cover where the valuable and enormous amount of research findings of 731st Unit accumulated as the result of living body experiments went after the War was over.

As to the living body tests which were said to be conducted on American POWs, we still have not made much progress.

Tokyo Broadcasting System graciously provided EXPOW VISION QUEST with a copy of the film. This resulted from the efforts of Sen. Max Baucus and the Honorable Mike Mansfield. This film is available for screening by all ERPOWs.

President Franklin D. Roosevelt had a policy of "Germany first", and supplies were routed to the European theatre first. Gen. Douglas A. MacArthur was ordered to Australia. On March 11, 1942 MacArthur fled from Corregidor, abandoning his men to their fate. On April 9, Bataan fell and the infamous "Death March" began. On April 24, the "Japan Times & Advertiser" printed an article which said:

"They (the allies) surrender after sacrificing all the lives they can, except their own, for a cause which they know well is futile; they surrender merely to save their own skins * * *

They have shown themselves to be utterly selfish throughout all the campaigns, and they cannot be treated as ordinary prisoners of war. They have broken the commandments of God, and their defeat is punishment.

To show them mercy is to prolong the war. Their motto has been, "Absolute unscrupulousness." They have not cared what means they employed in their operations. An eye for an eye, a tooth for a tooth. The Japanese Forces are crusaders in a holy war. Hesitation, is uncalled for, and the wrongdoers must be wiped out." (Toland, 1970, pps. 342-44.)

On May 6, 1942 Corregidor fell and the holy warriors had guinea pigs of a different color. Chinese, Russian, and American POWs were isolated and infected with numerous pathogens.

Mr. Chairman, I submit that the Pacific was was a racial war. American prisoners of war were experimented upon by the Japanese at Mukden.

I have refused to bow before circumstance and keep truth behind closed doors. Gen. Douglas A. MacArthur left his men in 1942 and sealed their fate in May 19 1946 by promising the war criminal Gen. Ishii immunity from prosecution if he would surrender the records of Unit 731st. This collaboration between MacArthur and Ishii is unsavory to say the least. The lives of the American FEPOWs experimented on by Unit 731 at Mukden were forfeited in the name of "national security".

Again, I call for parity for FEPOWs. I ask Congress to establish a Canadian-Style Social Safety Net with automatic compensation for FEPOWs and their widows. I ask that the Outreach Program in H.R. 1100 be used to implement a patient education program for FEPOWs pertaining to FUOs.

Mr. Chairman, you are aware of the health problems that have been endemic in FEPOWs. The Committee also has been told "There are no records." There are records and I hope that the enclosed declassified documents will provide insight into the callous and culpable conspiracy between MacArthur and Ishii.

The question is not who is to blame, but rather what can we as a nation do to ameliorate the plight of FEPOWs?

I want to thank the Committee for listening to this muted cry for help. Please act before it is too late to establish justice for the FEPOWs and their widows.¹

SANTA MARGARITA, CALIF., June 7, 1982.

DEAR MR. GREG RODRIQUEZ: I was reading an article in ex-POW Bulletin that you were interested in any one that was a guinea pig. In late 1973 in Manila, Philippines. I was sented back from a work detail to BILIBID with Beri-Beri Malaria, dysentery and what have you. At this time in the Philippines the Japanese where having a lot of trouble with Malaria in their troops so they took approximate 20 of us with different type of Malaria and tried out some new medicine that they were testing, one of us died at the hospital. I almost did after about a month they send us back to Bilibid. I was put in isolation with dysentery and finely discharge from isolation in early 1944.

Yours truly,

JOSEPH C. MCKUSICK.

VETERANS OF THE BATAAN DEATH MARCH,
REDWOOD CITY, CALIF., November 13, 1981.

Subject: Use of my being as a human guinea pig during detention as a Prisoner of War by the Japanese Army for Biological Warfare testing.

Senator ALAN B. CRANSTON,
Senate Office Building,
Washington, D.C.

Representative SANTOS,
House of Representatives,
Washington, D.C.

DEAR SIRs, It has come to my attention by the Article in the "Bulletin of the Atomic Scientist" (Oct. 15, 1981) authored by John Powell of San Francisco that the Japanese Army used American Prisoners of War in Mukden, Manchuria as human guinea pigs in biological warfare experiments. The U.S. Army learned of this in 1946 and gave immunity to the Japanese involved at the War Crimes Trials and covered up the test data and pictures which had been given to them. I feel certain

¹ Supportive documentation retained in committee files.

we were used in these experiments because of the following actions which I recall taking place:

(1) During the winter of 1942-43 we lost about 400 men of the 1500 (1000 Americans and 500 British and Australians) assigned to the camp.

(2) As the men died their bodies were stored in a wooden warehouse. As spring approached a team of Japanese arrived with an autopsy table and began removing the brains and vital organs from the dead. (I was required to work with the Japanese doing this.)

(3) The living (well and sick) were photographed (identity by POW camp number 1-1500).

(4) I went down to 38 Kilos (approximately 79 pounds) in weight and was hospitalized for more than 9 months and was given no medication until spring of 1943.

(5) Also, a physicist interviewed the prisoners individually and measured body structures with calipers.

I realize this brings painful memories to you from your experience with German concentration camps, but I feel that I must personify the Japanese actions and the U.S.'s reproachable cover-up actions. I feel the U.S. Government owes me the photos and personalized test data which applied to me. (My Mukden POW number was 1294.)

I will give this information to my doctor, Dr. Rosenthal in San Carlos to incorporate into my medical records and forward to the Veterans Administration for proof of illness I suffered in the hands of the Japanese as a prisoner of war and that it did exist in the U.S. Government records contrary to what they have told me that no medical records exist to indicate the illnesses occurred.

Sincerely yours,

FRANK A. JAMES.

GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE,
Washington, D.C., June 4, 1982.

Hon. MAX BAUCUS,
U.S. Senate,
Washington, D.C.

DEAR SENATOR BAUCUS: Thank you for your letter of May 19, 1982, concerning Japanese biological warfare research during World War II.

As discussed with Ms. Betsy Bandorg of your office on June 1 and June 3, we have identified approximately 140 pages of material relating to this topic among various War Department and Department of the Army records. We will be happy to forward photocopies of these materials to your office.

The reports prepared by former Japanese Army officers and scientists, as cited in the enclosure to your letter, are not in our custody. They are presumably still with the Department of the Army, to whom you should address further inquiries.

Please let us know if we can be of further assistance to you in this matter.

Sincerely,

JAMES W. MOORE, Assistant Archivist.

INTERROGATION OF CERTAIN JAPANESE BY RUSSIAN PROSECUTOR

PURPOSE OF PAPER

1. To determine action to be taken on recommendation contained in SWNCC 351/2/D that certain Japanese BW information be retained in U.S. military intelligence channels and that such material not be used as "war crimes" evidence.

BACKGROUND

2. In SWNCC 351/2/D CINCFE discusses, in part, statement obtained from the Japanese concerning the Japanese BW program including experiments on human beings. General Ishii, leading Japanese authority on BW, states that if guaranteed immunity from war crimes in documentary form for himself, superiors and subordinates, he would describe the program in detail. He claims to have extended theoretical high level knowledge of BW including its use on defense and offense, all of which, he claims, is backed by extensive research.

3. CINCFE states that it is felt that this data as well as additional data possibly could be obtained from Ishii by informing the Japanese involved that the informa-

tion would be retained in intelligence channels and not used as war crimes evidence. CINCFE, in addition, states that Ishii could assist in securing complete cooperation of his former associates.

DISCUSSION

4. Members of the Japanese BW group are cooperating with American occupation authorities by writing books, reports and working on slides of tissues from autopsies of humans and animals who had been subjected to BW experiments. General Ishii is writing a treatise embracing his 20 years experience in all phases of BW.

5. There is evidence that the Jap BW group did commit war crimes but in commenting on this evidence the International Prosecution Section at Tokyo states that this evidence would need an exhaustive investigation in order to test its trustworthiness. There is also a possibility that during the later phases of the International Military Trial of major Jap war criminals now taking place at Tokyo, evidence may be introduced by the Soviets of Japanese participation in such war crimes, which crimes are similar to those for which Germans are now being prosecuted before military tribunals at Nuremberg.

6. The BW information already given by the Japanese as well as the information which it is expected they will give is considered of vital importance to the security of this country by both the Chemical Warfare Service and the Intelligence Division.

7. The Japanese BW group is the only known source of data from scientifically controlled experiments showing direct effects of BW agents on humans. In addition, considerable valuable data can be obtained from this group regarding BW experiments on animals and food crops. Also important is the fact that the voluntary imparting of this information will probably serve as a precedent for obtaining additional information in other fields of research.

8. Because of the vital importance of the Japanese BW information to the security of this nation, the Working Group, State-War-Navy Coordinating Subcommittee for the Far East, are in agreement that the Japanese BW group should be informed that this Government would retain in intelligence channels all information given by the group on the subject of BW. This decision was made with full consideration of and in spite of the following:

(a) That its practical effect is that this Government will not prosecute any members of the Japanese BW group for War crimes of a BW nature.

(b) That the Soviets may by independent investigation disclose evidence tending to establish or connect Japanese BW activities with a war crime, which evidence the Soviets may attempt to introduce at the International Military Trial now pending at Tokyo.

(c) That there is a remote possibility that the evidence which may be disclosed by the Soviets would include evidence that American prisoners of war were used for experimental purposes by the Japanese BW group.

RECOMMENDATION

9. It is recommended that the Civil Affairs Division member approve SFE 182/2.

PREPARED STATEMENT OF WARREN W. WHELCHER, Ex-POW NUMBER 1394, MUKDEN

My name is Warren W. Whelcher. I was formerly a Master Sergeant with the 200th Coast Artillery Anti-Aircraft Regiment at the time the Japanese Armed Forces attacked the American and Philippine Armed Forces in the Philippines on December 8, 1941.

On April 9, 1942, all American and Philippine Armed Forces on the peninsula of Bataan were surrender to the Japanese Armed Forces. This was the beginning of one of the most dehumanizing experiences ever perpetrated on humans. First, was the infamous Bataan Death March, where we as human beings were subjected to beatings, killings and forced marches during the heat of the day after being deprived of food, water and any medical attention whatsoever.

Upon arriving at Camp O'Donnell, Capas Tarlac, we were still deprived of adequate food, decent sanitary conditions and medicine. As a result of these conditions, several thousand Americans and Philipinos died from dehydration, dysentery, malaria and other tropical diseases.

Around the first of July in 1942, we were put in narrow gauge train box cars at Capas Tarlac to be sent to Camp Number One Cabanatuan. One hundred American men were crammed into each of these box cars and the doors were closed tightly for

the journey from Capas Tarlac to Cabanatuan. Many of our American men died of suffocation during this trip.

The conditions at Cabanatuan were not much better, if any. During my short stay at Cabanatuan, I was on the burial detail for thirty three consecutive days. The camp was mainly activated to segregate the Americans from the Philipinos.

Around the first of October 1942, a group of American soldiers, numbering over two thousand, were taken to Manila and put on the Japanese ship the Totori Maru and shipped to Japan and Manchuria. During this trip we were kept in the holds of the ship except for a period in the morning and a period in the afternoon of approximately twenty minutes for fresh air. We had no access to toilet facilities on the ship, we were given a few five gallon cans to use for our human wastes and when the cans ran over, the Japanese made no effort whatsoever to have them replaced or removed from the holds in which we were forced to live. Men had to walk through this human excrement. Food was not adequate to sustain the human body, there were no medical supplies for the Americans. Many of the Americans died from exposure due to inadequate clothing for the cold climate that we entered; others, due to the unsanitary conditions we were subjected to, died from dehydration as a result of dysentery.

Landing at Pusan, Korea, approximately one hundred and fifty of the Americans who were in the worst physical condition were sent to a building that was set up as a hospital and I was one of the one hundred fifty. The rest of the Americans that were taken off the Totori Maru were sent on to a camp in Mukden, Manchuria. During our stay at this improvised hospital, we were extended no medical supplies, food was better than we received on the ship, but was too late for almost one third of the men as they died at Pusan.

After our stay at Pusan we were put on trains and sent to Mukden, Manchuria ourselves. Upon our arrival, we were taken to a barracks that was isolated from the other prisoners that had preceded us. After a period of time, a group of five or six Japanese medical personnel entered our barracks and called out various prisoner of war numbers that we had been assigned. The medical personnel gave the Americans various shot discrimanently, not all the prisoners were given the same type of shots. This caused a considerable amount of anxiety among our group as we felt that we were being tested for bacteriological immunity for their possible use of bacterial warfare against the Allied troops in the Far East. It must be emphasised that we as a group did not receive the same shots. Some persons were checked for oral and rectal temperatures, some for the whelps the shots caused, rectal tissues from some, rectal smears from others. All personnel were sprayed in the face by some kind of spray from a spray instrument similar to our Flit spray guns. After we were allowed to associate with the other prisoners, we ascertained that we were the only ones that had received this treatment. It should also be noted that the Japanese medical personnel were keeping accurate records of each and everyone of us in this one barracks.

PREPARED STATEMENT OF O. J. KARNES, BOTHELL, WASH.

To the Honorable members of this distinguished Subcommittee, let me first express my deep appreciation for the opportunity to appear and give testimony on behalf of the plight of former prisoners of war. I especially appreciate the invitation and opportunity to be here since I am not a former prisoner of war and therefore do not have a "personal" axe to grind.

Before I make a few comments about the Veterans Administration treatment, or lack of treatment, for former prisoners of war I would like to introduce myself and give you some of my background so you will know where I am coming from and that I am speaking from experience and not hearsay or second-hand information. I am a veteran of over 22 years of naval service. From July 1970 to March 1980, I was a Veterans Benefits Counselor with the VA Regional Office in Seattle, Washington. For over seven years of that time, I was a Supervisory Veterans Benefits Counselor.

During my service with the VA, I handled just about every type of problem a Veterans Benefits Counselor could possibly encounter. And I believe I have seen all of the problems that former prisoners of war have had and are still having with the VA. And believe me, there are plenty. I first became aware of the former prisoner of war problems when I attended the Washington State Annual Convention in early 1976 and since then I have worked closely with former prisoners of war throughout the United States, but mostly with those from the great State of Washington.

My experience with the VA Medical Center in Fort Harrison is limited to two former prisoners of war. At their request, and after having them sign the proper

release forms, I requested copies of their military and VA medical records so I could assist them in pursuing their disability claims. Those records were requested under the Privacy Act and even though that Act states such records should be released within 10 days, it took direct correspondence with the Administrator and over 15 months to get records, and then I received records on only one veteran. This veteran, now residing in Martin City, Montana, had a nervous breakdown in 1969 and hasn't been able to work since 1970. And even though his records contain a statement from a private physician that he treated this veteran in 1945 or 1946 and found schizophrenic symptoms then, the VA has until just recently denied service connection for the condition. I'm sorry I don't know the current status of his claim and won't until I see his wife in the next few days. The name of this veteran is Julius Ashbridge, VA Claim # 14 536 005.

The other veteran, Harry Greenleaf, VA Claim # 16 090 421, also has severe mental problems and the last contact I had with him he was still being denied benefits for that condition.

Having dealt with former prisoners of war from all around the United States, I find that, generally, the treatment afforded them is about the same no matter where they reside. Later on, I will cite several examples of what I consider "shabby" treatment to a group who has given so much for their country.

But first, I would like to express appreciation for the passage of Public Law 97-37. From what I have heard, it has given some relief to the former prisoners of war as far as medical care is concerned. However, much more remains to be done to see to it that former prisoners of war are awarded just compensation for the disabilities they suffer today as a result of their torture and starvation while they were held prisoner. I'm sure you will agree with me on one thing, that there is no way that a human can spend 3-4 years living under the threat of death daily, starved on little or no rations, and forced to do hard labor can come through such an ordeal a whole man in either mind or body.

I caution you members of Congress that passing legislation to better the life of the former prisoner of war is not in itself going to accomplish the task. After you pass legislation, you will be told by the bureaucrats in Washington, who will be told by their field representatives, that the laws are being liberally applied. But I can assure you that is simply not the case. For example, Public Law 77-361 provided that in each case where a veteran is seeking service-connection for any disability due consideration shall be given to the places, types, and circumstances of his service as shown by his service record, the official history of each organization in which he served, his medical records, and all pertinent medical and lay evidence.

It went on further to say that in the case of any veteran who engaged in combat with the enemy in active service with a military or naval organization of the United States during some war, campaign, or expedition, the Administrator of Veterans' Affairs is authorized and directed to accept as sufficient proof of service-connection of any disease or injury alleged to have been incurred in or aggravated by service in such war, campaign or expedition, satisfactory law or other evidence of service incurrence or aggravation of such injury or disease, if consistent with the circumstances, conditions, or hardships of such service, notwithstanding the fact that there is no official record of such incurrence or aggravation in such service, and, to that end, shall resolve every reasonable doubt in favor of such veteran.

If this law were being followed gentlemen, do you think we would have so many former prisoners of war still fighting to get benefits from the VA?

Public Law 91-376, which became effective on August 12, 1970, was specifically designed to liberalize benefits for former prisoners of war. But I have not found a single former prisoner of war in the State of Washington who has benefited one iota from that law. I have challenged the bureaucrats in Washington, D.C., to show me a single case from Washington State of any former prisoner of war who has received any benefit from that law. Of course that has never been done. After it became law, business was as usual with the VA in Seattle. They still would not accept "buddy statements" from former fellow prisoners of war to substantiate a claim; they would still deny claims because medical records did not show the disability was incurred while a prisoner of war; and they did nothing to assist the former prisoner of war in establishing their claims. In fact, a former adjudication officer from Seattle told the former prisoners of war at their Washington State annual convention in 1978 that "there was nothing in Public Law 91-376 that helped them." I can't believe that was the intent of Congress when they passed Public Laws 77-361 and 91-376.

The 1945 Schedule for Rating Disabilities included issuance of the following instructions, which are especially germane to the adjudication of POW claims: It is the defined and consistently applied policy of the Veterans' Administration to administer the law under a broad interpretation, consistent, however with the facts

shown in every case. When after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. This is simply not being followed.

The 1945 Rating Schedule and Program Guide 21-1, Section N-13, state that rating boards should be alert to submit to Central Office for extra schedular rating, claims of former prisoners of war considered to be unemployable due to service-connected disabilities when local grant of total benefits is barred by failure to meet the percentage requirements. In other words, if the former prisoner of war is rated at less than 100 percent disabled due to statutory limitations but is unemployable because of his service-connected disabilities, VA Central Office has the authority to grant total disability due to unemployability.

Case in point. We have a former prisoner of war in Washington State who was medically retired from his employment because of his service-connected disabilities—and his retirement papers stated the reason for retirement in medical terms, not “because of service-connected disabilities.” At last count, he has been hospitalized no less than 12 times in the past 20 years because of his service-connected disabilities. He has tried, unsuccessfully, to retain gainful employment since his medical retirement. He has filed numerous claims for unemployability and on my last review of his case there had not been one single occasion that his case was forwarded to Central Office for extra schedular review as required by the Rating Schedule. Just another example of the VA failing to even follow their own rules, let alone those established by Congress.

The VA has a few standard procedures which they use to deny benefits to former prisoners of war. The most frequent one used is the statement “not shown in military service records,” or words to that effect. Case in point. A former prisoner of war told the examining physician that a scar on his right foot was the result of a North Korean guard stabbing him through the foot with a bayonet. Now even though VA Program Guide 21-1, Section N-13, states “The veteran’s statement as to wounds or injury during or just prior to imprisonment will be accepted as proof of actual occurrence of the condition in question when residual disability is noted which can reasonably be attributed to the service incident,” the VA Regional Office Seattle refused to service-connect for the disability and actually rated it as non service-connected. That veteran, now deceased, was Cecil Preston, VA Claim # 19 304 670.

Another case was Ed Perry, VA Claim # 6 067 601, who was initially denied service-connection for gunshot wounds received just prior to capture. It wasn’t until he provided the VA with a copy of his Purple Heart award letter that they agreed to service-connect it. By the way, this former Japanese prisoner of war, held in excess of three years, is not receiving any compensation from the VA.

Another ploy the VA uses to deny benefits is to say there was “no evidence of the disability on last VA exam.” Let me explain how VA procedures work. When a former prisoner of war reopens his/her claim, the Regional Office of jurisdiction prepares VA Form 21-2507, “Request for Medical Examination,” which is forwarded to the appropriate VA medical facility to set up an examination. VA instructions, Program Guide 21-1, Section N-13, state that when preparing the Form 21-2507, show “a check in the appropriate box, that the person to be examined is a former POW.” Of course this is not always done. And even though those same instructions require pertinent examinations be accomplished “for conditions for which the claim was reopened as well as all other conditions that are present and are characteristically associated with confinement as a POW” the regional office will generally, but not always, request examination only for conditions claimed by the former prisoner of war.

When the request gets to the examiner, he/she will examine only for the conditions specified on the request. They will not examine for any other condition and they tell the former prisoner of war that they are not allowed to examine for any condition except those shown on the Form 21-2507. Now naturally, if the Regional Office doesn’t request examination for a specific condition, and the examining physician doesn’t examine for it, there will be no evidence of the disability on the latest VA exam. Strictly a “Catch 22” situation as far as the former prisoner of war is concerned. The rating boards then use the excuse “Not shown on latest VA exam,” to deny benefits. I have seen dozens of cases of this in the VA.

Another ploy to deny benefits is to just totally ignore the former prisoner of war request for reopening and examine for only certain disabilities. Case in point. I once reopened a claim for a former prisoner of war on 9 or 10 disabilities. He was examined for only one disability and the VA Seattle rating board chose to ignore the rest. I don’t know the current status of this claim, but I do know that two and one-half

years after reopening the claim we were still trying to get the VA to examine the claimant on all disabilities. The former prisoner of war was Jack Brady, VA Claim # 6 025 547.

The law and the VA regulations state that the burden of proof as to the POW episode has been shifted from the former POW claimant to the government. Yet, I am waiting to see the first case where the VA "picks up the ball and runs with it" in pursuing a former POW claim. They still won't accept "buddy statements;" and they still require the former prisoner of war to prove his case. The only thing they will do is send off a request to the military for medical records.

The laws and rules also state that "reasonable doubt" shall be ruled in favor of the claimant. But let me cite you just one example of where the "reasonable doubt" rule could have been applied but was not.

The former prisoner of war retired from naval service in late 1971 and his separation physical showed a spot on the left lung. In early 1977 he was diagnosed as having cancer in the left lung. He filed for service-connection for the cancer and was denied by the Seattle Regional Office. When operated on in 1977, an oversized tumor was removed from the left lung. In December 1978 he died. At my insistence, the widow then filed a claim for dependency and indemnity compensation claiming his death was due to service-connected causes. Her claim was denied by the Seattle Regional Office. At a subsequent hearing with the Seattle rating board, I arranged to have the doctor who discovered the cancer and subsequently perform the operation to appear and testify on behalf of the widow. He stated at the hearing that in his professional opinion, and due to the size of the tumor removed, the spot on the former POW's lung found in 1971 was definitely the beginning of the cancer. The Seattle rating board, in their infinite wisdom, continued to deny benefits stating there was no evidence that the cause of death was related to any disability incurred in service and that it would be purely speculative to presume the spot on the lung in 1971 was the beginning of the tumor removed in 1977. While the Board of Veterans Appeals did ultimately (one and one-half years after death) grant service connection, they would not admit that the cancer was service-connected, but rather chose to grant service-connection for another disability.

This is a good example of a case where the Regional Office could have granted service-connection for death using the "reasonable doubt" clause and saved having the widow suffer financial hardships for the one and one-half years after losing her husband. This former POW was William Cunningham, VA Claim No. XC 27 372 019.

Gentlemen, I know your time is valuable and can appreciate the extremely busy schedules you must keep. But I would strongly urge each of you, especially those of you (or your colleagues) who have offices in the same building as the VA, to take one-half a day of your schedule to look through VA claims folders of former prisoners of war you have heard from and see first-hand the shabby treatment the VA has been giving these men and women. If it is not convenient to do this, then have the VA transfer those files to the VA Central Office in Washington, D.C., and go there to look at them. Many former POWs have been trying to get benefits from the VA, that they are entitled to by law, ever since the end of World War II. That's nearly 37 years now. Certainly these people have a legitimate complaint and have waited long enough and I would think you could spare a few hours of your time to help resolve this problem.

And, if you want a real experience, I suggest you arrange to have a VA exam by one of the regular compensation/pension examiners. I cannot fathom how they can do an examination in 3-5 minutes and call it an exam. However, when you read the write-ups, it appears the exam took several hours. From personal experience, I can tell you some of the examining physicians would do better at fiction writing.

While this case I am about to discuss may not be typical in medical treatment afforded the former prisoners of war, the compensation claim is quite common. This man spent 39 months as a prisoner of the Japanese during World War II. He was separated from service because of psychoneurosis and in 1947 was rated by the VA at 30 percent disabling for psychoneurosis with anxiety state, moderate. In 1950 the rating was changed to traumatic encephalopathy manifested, and at 70 percent disabling. He was totally disabled for a period of time but in 1967 his rating was again changed to chronic brain syndrome and 50 percent disabling. In 1977 the rating was again changed to anxiety neurosis, chronic and remained at 50 percent disabling. In 1981 it was again changed to anxiety neurosis, chronic with post traumatic stress neurosis and remained 50 percent disabling. Even though his condition continuously got worse over the years and he was forced to terminate employment, his percentage of disability never increased.

The main point of this case though is a visit to the VA Medical Center Seattle some 4-5 years ago to seek assistance. This former prisoner of war, who I know personally, has a severe mental problem. At the Medical Center he first saw a psychologist. He explained that he had a severe mental problem and was having difficulty coping and wanted to get some help. The psychologist said he would get help; wait and I'll arrange for you to see a psychiatrist. After waiting some time, he was told to go to room so-and-so and see doctor so-and-so. The former Japanese prisoner of 39 months did as instructed and when he entered the doctor's office there sat a Japanese doctor—the one he was supposed to see. Gentlemen, that former POW literally went into orbit over that incident, and he hasn't recovered from it to this day. If you would like to contact him yourself, he is Hersheal Boushey, Va Claim No. 6 166 210.

Gentlemen, this concludes my testimony. Thank you very much.

PREPARED STATEMENT OF PHILIP J. BURGESS, PRESIDENT, VIETNAM VETERANS OF MONTANA

I think that no one in their right mind can question the fact that war has a profound effect on the individual participant. My experience as a counselor, as a veteran, and as a human being, tells me that any person with a reasonable amount of sensitivity is going to come out of a war experience with permanent emotional scars, whether society permits them to admit it to themselves, or not.

I believe that most of these men would have had relatively few serious problems readjusting, if a serious effort had been made to help them come to terms with the effects of their experience, immediately after the fact, or event. They needed support from the government and the society which they didn't get, because the country didn't want to admit that sending its nineteen-year-olds off to play in blood has some consequences which cannot be shrugged off.

So we came home with our hearts filled with betrayals, and bloodlettings, and were told that if we didn't immediately turn into the best insurance salesmen in town, and act as though what had happened to us was just part of growing up, we would be regarded as freaks. Most of us didn't want to be regarded as freaks or weaklings, so we pretended that we weren't veterans, or that it hadn't affected us. That pretending, to ourselves and others, has caused a lot of problems. The stigmatizing of veterans admitting emotional trauma, has compounded the effects of the original stress.

Those of us who are relatively successful in maintaining that pretence, are encouraged in our attempt at that pretence by what we see happening to those veterans who admit that something is wrong, and go to VA for help, only to have their problems compounded by a massive, fumbling, ill-natured bureaucracy with its interminable delays and insulting attitudes. We see a government which found it so easy to ask sacrifices of us, now barely condescending to dole out nickels and dimes to take care of those who made the sacrifices, and allowing the veteran's administration to be careless and small minded in attitudes toward, and treatment of, the veterans.

We who trusted our government to use its incredible technological resources for our support in fighting their war for them, now realize that same technology was used without any real regard for our welfare. Witness the soldier victims of radiation during WW II. Witness the soldier victims of agent orange in Vietnam.

We now bring our children before you with missing limbs, our flesh with strange eruptions, our dying fingers and toes, and what do you have to say? You ask us to prove it. We didn't ask you to prove anything before allowing you to send us to Vietnam.

Gentleman, I'm a Vietnam veteran and a veterans counselor in Missoula where I just finished two years of graduate school. The government refused me educational benefits because I'd been out of the service for more than ten years. I was refused VA work-study money for my counseling because I was not drawing GI educational benefits. I was refused a VA educational loan for the same reason. For the past two years I've been working as the nearest thing to a full-time veterans counselor between Billings, Montana and the Idaho border (a distance of 450 miles), for an average income of about \$1.50 an hour. This not intended *primarily* as a complaint. Just an example of how the government helps those who are trying to do their work for them.

What do you gentlemen think it does to a man suffering from stress, perhaps with his job and family on the line, to be told that it will be two or three weeks before he can receive an psychological evaluation, and another two or three months before he

receives treatment, if he is lucky enough to receive it, and that in order to receive that evaluation he must drive 120 miles, and that once he begins to receive treatment, on a contract basis from a local doctor, he keeps getting bills for it because the VA remains months behind in the contract payments.

And remember me? I'm the veterans counselor who only has the VA to refer these men to, who has to encourage the veteran to play the russian roulette game of going to the VA, wondering if they're going to come away from it in better or worse condition than they went to it in. I have to face them while they tell me of the treatment they received, or didn't receive, as a result of their recommendation. I have to watch their condition deteriorate while they wait for months for treatment, or fight for the right to the treatment they've been denied. I have to watch them finally give up, more stressed than they were when they started.

A man and his wife come in with a small infant wrapped up in a flannel blanket. They're not angry or irate. They're not bitter. They begin to talk about some symptoms he's had for years which are similar to those that they've heard are attributable to agent orange exposure. They show me the child. It has a missing right arm. It was born that way. They tell me that they have an older child who was still-born. They're quite calm about the whole thing. Just bewildered, and wanting some advice. Some help.

Where is the VA, then? Where is the US congress, then? Where are you, then, gentlemen?

And since the VA and the US congress are not interested in being there, and are unwilling to give me the resources that I need, just what would you suggest that I do, on my \$1.50 an hour?

I'll tell you what I do. I'm the one who has to tell these people about the resources that aren't available. I'm the one who daily wonders how many veterans who need help aren't getting it, who live without hope, knowing that their government lacks the will to provide the needed services and support. I'm the one who has to hitch-hike or borrow a car to see someone 150 miles from my office—or isn't able to see them at all.

Veterans aren't naive. They know that legislation is on the books which, if funded and enforced, would take care of many of the problems which they are faced with today. Why isn't that legislation funded and enforced?

The veteran knows that the Canadian government gives 100% disability to any of their Vietnam veterans who develop agent orange symptoms. Does the Canadian government know something that ours doesn't? Maybe something about compassion and responsibility and common sense?

The veteran of western Montana knows that the hospital facility at Fort Harrison is inconsistent, at best, in its treatment of the Vietnam veterans. He knows that he cannot expect to be treated with consideration and respect. He knows that he cannot trust them to do what is best for him. The average veteran goes to that facility only if he is broke and desperate—and if he has money, time, and transportation to get there with.

The VA, as represented by the Fort Harrison facility, is effectively destroying its own usefulness to the veteran. It is driving them away from the assistance they need. Many of these veterans, as a result of their experience with Fort Harrison, will never receive the help that they need.

Individuals like Max Weiss, Michael Marks, and myself are on the firing line. We have to face the consequences of VA treatment and policy, while the bureaucracy hides behind their paperwork and armed guards. We have to look the veteran in the eye. Does the US Congress have the moral courage to look the Vietnam Veteran in the eye and say no? Maybe its because I'm tired, broke, cynical, and angry, but I rather doubt it. I'm afraid that the US congress will continue to deny what appears to many of us to be thinly disguised yearning on the part of the society, or at least the government, for a disposable army of 19 or 20 year olds which can be used once, and then thrown away and forgotten.

PREPARED STATEMENT OF MAX WEISS, MEMBER, BOARD OF DIRECTORS, VETERANS SERVICE CENTERS, MISSOULA, MONT.

My name is Max Weiss; I reside at 319 East Pine St., Missoula, Montana. I served in the U.S. Navy in Vietnam from 1963 through 1966.

I have been active in veterans affairs and advocacy of veterans rights for some years. I am trained in public administration and law and I am employed at ASUM Legal Services, University of Montana.

I would like to begin by thanking you gentlemen for demonstrating your concern for American veterans and their families by coming here to Montana to hear us. I would especially like to thank you, Congressman Williams for understanding the depth of our concerns expressed here on November 11th and for standing by your promise to bring the committee to Montana to hear our statements concerning the veteran and the Veterans Administration. You have demonstrated time and again your care and have the willingness to respond with action instead of rhetoric.

I know the letter announcing the meeting here today specified certain admitting practices and services of the Veterans Administration facility at Fort Harrison were to be the subject of your investigation and our testimony but, I respectfully submit to you I will not be confining my remarks to those topics except as they are indications of the root of the problem between the fine work you gentlemen have done by passing legislation addressing health and personal problems of veterans and delivery of those rights to veterans.

Too many times individuals in government detect a problem and provide what appears to be a remedy not realizing it is not the leaf that is ill but the tree itself. That could happen here today. I am speaking today to ask you to look beyond specific problems to the basic structure of the Veterans Administration as it has evolved.

Montana provides an opportunity to examine the basic structure of the relationship of the veteran to the Veterans Administration as manifested by the character of service delivery at the regional facility. This area also provides an excellent opportunity because of the unique demographic aspects, to adjust that relationship to provide greater efficiency and assured consistency in process and treatment.

The geographic aspect at first draws attention because of the great distances in Montana that must be served by the limited facilities. It is not unusual for veterans in Montana to be required to travel five or six hundred miles round trip to obtain even the most basic service and information and to be treated as if their presence at the facility is as incidental as a walk across the street. Much more importantly however, is the distance between bureaucratic expectations of the regulations governing the operation of the Veterans Administration and the ability of the veteran to satisfy those expectations.

For the purpose of my testimony here today, I reviewed Title 38, U.S. Code; particularly those sections dealing with the Veterans Outreach Services Program. After determining there are approximately one dozen affirmative acts required of the V.A. to define the character and needs of the local veteran population and to meet those needs from personal to financial, I began making phone calls. I called the V.A. facility at Fort Harrison as if I were inquiring generally about information and services available to veterans. The responses I received did not surprise me, they saddened me.

I found that the local V.A. facility does not know how many veterans are in the state of Montana except for an estimate based on estimated state figures some six years old. I also found the state figures to be based on even older estimates. I could find no one who could tell me where veterans were located in the state. "Are they located in Eastern Montana or Western Montana?" No one could tell me.

I asked if anyone knew what era of service ratios existed in Montana and in what geographical areas. The answer was, "that has never been determined as far as I know."

When the state was asked how many veterans were in Montana and what their consumption of state and locally funded services was, we were told the information had never been captured except in isolated situations and programs such as alcohol treatment and that information was provided.

I asked personnel of the V.A. facility at Fort Harrison what materials and information were available describing veterans' benefits and rights and methods of application, forms etc. I was told the V.A. had a pamphlet briefly describing V.A. benefits and that if I was in "no great hurry", it would be sent to me and that some forms were available from the state office, some from the local veterans organizations, but that others would have to be sent for. I asked if there was some pamphlet that told what form to use for what request. I was told I would have to make my request known to the V.A. facility before they could send me the proper form to make the request on.

I asked who was responsible for contacting veterans who do not have high school diplomas or equivalencies. I was told by the V.A. spokesman that he thought there had been a program at one time but didn't know if there still was one. I was put on hold for 3½ minutes and upon the spokesman's return, told that the state had a person from the Job Service at the facility some days during the week and that he could tell me of employment programs.

The following day I received a call from the state employment representative who told me of an employment program that provided for persons with less than fourteen years education to circumvent normal competitive hiring practices to obtain training and employment preference. He said it required application on a particular form and cooperation from someone in a federal agency. When I asked whether in fact what he was saying was that the program depended upon "who you know" in an agency and access to the proper forms he said, "in a way, yes."

I followed this form of inquiry through statutes providing for preparation and prosecution of claims, information, counseling, aid to education, veterans campus counselors, aid to education payments to campuses, tutorial assistance, veterans workstudy programs, campus veteran representatives and virtually all of the services and affirmative actions required by the outreach program. The result was a uniformly noncommittal attitude and an extraordinary lack of knowledge concerning V.A. programs or services.

I said earlier this result did not surprise me because in my work in veterans matters over the years, when I haven't found gaping holes in the services delivery system, I've found outright resistance in its place.

Even though statutes and regulations prohibit an adversarial relation relationship with the veteran applicant, the very process set up to adjudicate claims is an adversarial process and I believe in order to function properly it can be no other way. On the other hand however, it would be extremely idealistic to believe that when there is no countervailing body to insure compliance with statutes and regulations and to insure each party has equal standing and ability before the facts that such compliance and equality will exist beyond a minimum tolerable level and that those who do not have the money, time and personal strength to assert their rights are going to realize the benefit of those rights. Gentlemen, I suggest to you the veterans program system is out of balance.

Private organizations and groups do what they can to provide mutual effort to balance the machine and if it were not for that fact, the system would not work at all. As Galant as individual and organizational efforts are, they pale in the face of the bureaucratic paper storm veterans must test themselves against.

It is too much to expect the veteran to endure bureaucratic and logistical hardships without readily available comprehensive assistance at the local level.

The Outreach Services Program as it was designed and embodied in legislation goes a long way toward providing the assistance needed. A long way but, not quite far enough.

We in Montana have been building a coalition among veterans organizations and the Veterans Affairs Division of Social and Rehabilitative Services (copies of endorsements attached) of the State of Montana to establish a series of Veterans Service Centers based on the concept and location of the state offices. We have had success in gaining support for this project but, logistical problems have limited our ability to pursue the concept with the dedication it deserves.

I do not believe additional legislation is needed to resolve the problems experienced by veterans in obtaining information, assistance and treatment. What is needed is follow through and implementation of existing legislation combined unification and coordination of effort. This must be accomplished in a fashion that provides as the result, the counterbalance that will make the machine run smoothly, dependably and in a manner that assertively assists veterans.

That result can only be accomplished through a relatively autonomous body such as a service center which can provide immediate support and assistance while the documentation and adjudication process is being conducted.

I believe that to be the underlying intent of the Outreach legislation that you have worked so hard to retain. But, I also believe it is too much to expect the V.A. to conduct the process itself in one or two locations and be successful.

The program must be implemented at local levels in aid to existing groups and organizations if it is to be responsive and meet the real needs of the veteran in his community.

Office of the Secretary of State



OF THE STATE OF MONTANA

CERTIFICATE OF INCORPORATION

I, JIM WALTERMIRE, Secretary of State of the State of Montana, do hereby certify that duplicate originals of Articles of Incorporation for the incorporation of

VETERANS SERVICE CENTER, INCORPORATED

duly executed pursuant to the provisions of Section 35-2-201 Montana Code Annotated, have been received in my office and found to conform to law.

NOW, THEREFORE, I, JIM WALTERMIRE, as such Secretary of State, by virtue of the authority vested in me by law, hereby issue this Certificate of Incorporation to

VETERANS SERVICE CENTER, INCORPORATED

and attach hereto a duplicate original of the Articles of Incorporation.

IN WITNESS WHEREOF, I have here-
unto set my hand and affixed the Great
Seal of the State of Montana, at
Helena, the Capital, this 20th

day of

January

A.D. 1982

Jim Waltermire
JIM WALTERMIRE
Secretary of State



FORGOTTEN WARRIORS,
Post No. 101,
Missoula, Mont., June 2, 1982.

VETERANS SERVICE CENTER,
Missoula, Mont.

Fellow Veterans: We, the membership of American Legion Forgotten Warriors Post No. 101, after much deliberation and discussion, have decided to endorse the concept of the central facility referred to as the Veterans Service Center. This concept is outlined in the April 28, 1982 proposal made available to us by your office.

Our endorsement is contingent upon the provisos listed on the reverse side of this letter.

We feel that it is of utmost importance to take all appropriate steps to enhance the veterans' access to the benefits to which they are entitled, and to obtain and provide information necessary for enrichment of those benefits.

Thus, believing it to be necessary for veterans to centralize and coordinate their various advocacy endeavors, we endorse the concept of the proposed Veterans Service Center and urge speedy implementation of its stated goals and objectives.

With best wishes for success,

BERNADETTE A. OPP,
Commander.

DANIEL O. GALLAGHER,
Adjutant.

The Post No. 101 endorsement of the Veterans Service Center concept is contingent upon the following provisos:

1. That equal access will be provided to all legitimately recognized veterans' organizations or representations, in a manner consistent with the satisfaction of functioning of the Center, for the purpose of dissemination of information and the conduct of appropriate limited organizational activity.

2. (a) That the top offices within the Center reflect genuine needs of veterans, and that equal opportunity is provided for input from among all veterans' groups and all eras of veterans who are authorized to utilize the services being made available.

(b) That the Center's directorship and operational structure be constituted in such a way as to allow equal opportunity for input from among all veterans' groups and all eras of veterans authorized to utilize the services made available by the Center.

(c) That selection or employment of personnel take place in accordance with applicable requirements (EEO, for example), and that equal opportunity is provided for input from among all veterans' groups and all eras of veterans authorized to utilize the Center's services, regarding issues related to selection of specialized staff personnel.

(d) That all veterans' groups and all eras of veterans authorized to utilize the services made available by the Center have equal access to those services. In those instances in which one specific veterans' groups or era of veterans seems to be utilizing a particular service to the exclusion of other groups or eras of veterans, appropriate steps are to be taken to ensure that no form of access denial is in effect.

3. That the Center is to be established to provide on ongoing service to veterans, rather than as a temporary establishment which would serve only to disrupt the flow of services to veterans.

4. That this proposal is in no way related to the so-called "Veterans' Halfway House" that has occasionally been discussed in some veteran circles. Any consideration of such a matter is to take place separate from consideration of the Veterans Service Center proposal.

5. That endorsement by Post No. 101 is not necessarily to be interpreted as prior endorsement of any, or all, specific actions that might be taken by the Center's staff or directorship.

These conditions for endorsement are consistent with objectives stated or implied in the Veterans Service Center proposal of April 28, 1982.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES,
VETERANS' AFFAIRS DIVISION,
STATE OF MONTANA,
Helena, Mont., April 7, 1982.

To Whom It May Concern:

The Board of Veterans Affairs has agreed to consider moving its Missoula office into the proposed Veterans Service Center in Missoula when it is available.

The Board has tentatively agreed to the move providing that the space provided is equal or greater than the space now occupied and that the costs of the space are no greater than are now allowed by the budgeted appropriation of the Legislature.

DAVID W. ARMSTRONG, Jr., *Administrator.*

PREPARED STATEMENT OF JOHN R. BUCKLEY, HELENA AREA REPRESENTATIVE,
VIETNAM VETERANS OF MONTANA

Mr. Chairman, Members of the Subcommittee on Oversight and Investigations, as the Helena area Representative of the Vietnam Veterans of Montana, I am honored to testify before this Committee, concerning "Agent Orange."

For a lay person, I have read much literature relating to herbicides, phenoxy herbicides and associated dioxins. I understand the great need for accurate, continued research. Also, it is understood that no favorable action will be taken in our behalf until all research is in and those results are interpreted. In the meantime, many veterans who served their country during a difficult time and in an unpopular war continue to suffer from a symptomology that is found in The Federal Register/Vol. 44, No. 241/Thursday, December 13, 1979/Pages 72320 through 72328. I personally called Dr. James Baker, Toxic Substances Branch, E.P.A., Denver, Colorado in the summer of 1980 to verify the toxicity of the herbicides used in Southeast Asia during the era representative of the United States Government's involvement in the area. Dr. Baker informed me that the dioxin compounds used in Southeast Asia were some of the deadliest and most harmful known to man.

Since that time and during that time, there continues an effort to downplay conclusions found within the Federal Register. It would be redundant to inform the Committee of the methodological problems used in the gathering of data at the Medical and Regional Office Center, V.A., Fort Harrison, Mont., for such inconsistencies have been identified elsewhere.

Veterans exhibiting skin rashes of the type that don't respond to conventional treatment are denied service connection even when the condition was known to exist in service and continues to exist. The reasoning that the Veterans Administration, Fort Harrison, Mont. uses in denial of service connection for conditions found in service medical records are in fact a complete disregard for the veteran and his condition. Economic Determinism has become the ideal to which the Veterans Administration adheres to. The "new direction" of the Veterans Administration reflects the total disregard of rights and benefits earned by those who served. If you were a Veteran that served in Southeast Asia during the times that these deadly chemicals were used and exhibited any or all of the following symptoms: skin rash, tumors, numbness/tingling in extremities, fatigue, inability to tolerate alcohol, dizzy spells, shortness of breath, insomnia, loss of libido, headaches, stomach or kidney pain, gastrointestinal disorders, memory disturbances, concentration disturbances, decreased immuno-responses, ulcers, nervousness, irritability, cancer, birth defects in offspring, etc., what would you think? If you exhibited two thirds or even one half of the above symptoms, what would you think? If your children exhibited birth defects that were not known to exist before your offspring, not to be found in your spouses family of origin or your own, what would you think? We could go on and on with these type of questions.

What is needed is a congressional directive which insures that these symptoms found in veterans and their offspring will take precedence and the burden of proof is taken from the veteran. We need to find out if the current, uncaring attitudes reflected through the administration at Fort Harrison are due to key personnel in positions of authority or are due to the lack of directives from the Administrator of the Veterans Administration.

What is also needed is a compliance with Operation Outreach and the laws established for Vietnam Era Veterans to be found in the report dealing with the VA *Vietnam Veterans' Readjustment Counseling Program/Hearing* before a Subcommittee of the Committee on Government Operations House of Representatives—Ninety Seventh Congress, First Session/October 19, 1981.

[From Disabled Veteran and DAV Auxillary magazine, June 1979, and January 1980]

IS AMERICA CHANGING ITS ATTITUDES TOWARD VIETNAM VETS?

A positive shift in public attitudes toward Vietnam era veterans has been detected in a preliminary survey conducted for the VA by Louis Harris and Associates.

"An overwhelming 92 percent of the public concur that veterans who served during the time the Vietnam War was going on deserve respect for having served their country in the Armed Forces," said an analysis of the survey results by Harris and Associates.

While stating the DAV's pleasure that attitudes toward Vietnam veterans are changing for the better, DAV National Commander Paul L. Thompson cautioned, "18 percent of those surveyed still reported unfavorable impressions of Vietnam era veterans, even though most of these people express respect for what these veterans did.

"We still have a long way to go before Vietnam era veterans receive the total public acceptance that their service deserves," added the Commander, himself a veteran of the war in Vietnam.

"The data that Harris collected indicates that Americans are in the process of separating their negative feelings about the war in Southeast Asia from their opinions of the veterans," commented DAV National Director of Communications Richard M. Wilson, who has watched the development of public attitudes toward these veterans since the early 1960s.

"Most people would agree," he said, "that it's grossly unfair to blame the veterans for unpopular military and foreign policy decisions they didn't make, but that's essentially what happened. The veterans were blamed for the war, and a negative stereotype was placed upon them. We've been concerned about this stereotype for some time."

The preliminary Harris survey to determine the public's attitudes toward Vietnam era veterans and their problems was conducted among a nationwide cross section of 1,200 persons. Additional Harris studies of the general public, Vietnam era veterans, educators, and employers are underway, and the results are expected this year. Harris and Associates conducted a similar survey for the VA in 1971.

The opinion research firm said in its 1979 "findings directly contradict those which one would expect if public attitudes toward veterans of the Vietnam era were strongly linked to their attitudes toward the war and its consequences." Today, only one in five Americans still supports American involvement in the Vietnam War.

"The survey finds, instead, a strong undercurrent of public sympathy for veterans of the Vietnam era, and a marked willingness to disassociate judgments of the war, and of its impacts on American society, from the assessment of Vietnam era veterans themselves. The warriors are increasingly viewed as the war's victims, not its perpetrators."

Other significant findings include:

Public sympathy for the plight of Vietnam era veterans seems to have increased since 1971. In that year, only 48 percent felt returning veterans were being treated worse than veterans of earlier wars, while 64 percent hold that view today.

The public sees emotional or mental problems, problems in finding work, discrimination because of military service problems with drugs and alcohol, alienation, and lack of purpose as serious concerns for Vietnam era veterans; however it sees only emotional problems and substance abuse as being more pronounced because of combat experience.

The public reports more favorable attitudes toward Vietnam era veterans than of the Vietnam generation as a whole; 74 percent report favorable attitudes toward the veterans while 62 percent report favorable attitudes toward the Vietnam generation.

The report also stated that its data, "when taken as a whole, indicate a growing public discomfiture over the manner in which the country has treated these veterans, and a greater willingness to recognize a special obligation to the men and women who bore the brunt of a war which remains a fundamental source of the current national malaise."

According to the Harris report, the American people do not believe that the media played a significant role in forming negative attitudes toward Vietnam era veterans. "You must remember that media treatment of Vietnam veterans has improved only during the last couple of years," said the DAV's Wilson. "For many years, negative stereotyping of these veterans was the rule rather than the exception, and the media exploited the negative image of Vietnam veterans for profit. We in the DAV believe the treatment veterans received from the media contributed greatly to negative attitudes in the late years of the war and the years immediately following its end."

DELAYED STRESS REACTION

The major responses seen among veterans suffering Delayed Stress Reaction to their experiences during and after the Vietnam War have been compiled by psychologists and psychologists and working with the DAV Vietnam Vet Outreach Program and are listed below. Most veterans show only a few of these responses. It should be remembered that Delayed Stress Reaction (also called Post-Traumatic Stress Disorder) among Vietnam veterans is not a mental illness; it is a reaction to the extreme stress these people were placed under during and after the war in Southeast Asia.

Major responses are:

Depression	Cynicism and distrust of government and authority
Anger	Alienation
Anxiety	Concern with humanistic values overlaid by hedonism
Sleep disturbances	Negative self-image
Tendency to react under stress with survival tactics	Memory impairment
Psychic or emotional numbing	Hyper-sensitivity to justice
Emotional constriction	Problems with intimate relationships
Loss of interest in work and activities	Difficulty with authority figures
Survivor guilt	Emotional distance from children, wife and others
Hyper-alertness	Self-deceiving and self-punishing patterns of behavior such as an inability to talk about war experiences, fear of losing others, and a tendency to fits of rage.
Avoidance of activities that arouse memories of traumas in war zone	
Suicidal feelings and thoughts	
Flashbacks to Vietnam	
Fantasies of retaliation and destruction	

SOME HAVEN'T MADE IT ALL THE WAY HOME FROM THE WAR

STARTLING STATISTICS

Statistics gathered three years ago indicate that the suicide rate among Vietnam veterans is 23 percent higher than among the general population. John P. Wilson, Ph. D., who conducted the "Forgotten Warrior" research project for the DAV, believes the suicide rate among Vietnam veterans has now climbed to as high as 33 percent higher than the national average.

Of those veteran who were married before going to Vietnam, 38 percent were divorced within six months after returning from Southeast Asia.

Between 40 and 60 percent of the veterans of the Vietnam War have persistent problems with emotional adjustment.

The number of Vietnam veterans hospitalized for alcoholism or drinking problems has more than doubled in the past seven years.

SYMPTOMS OF DIOXIN POISONING

The most common symptoms attributed to dioxin poisoning include the following:

- Numbness—in fingers, toes, arms, and legs in varying degrees;
- Nervous Disorders—especially loss or decrease in the sensitivity of the senses;
- Psychological Effects—including loss of memory, confusion, aggression, or irritability;
- Skin Rashes—specifically chloracne, which resembles a severe case of acne and is usually found on the face, arms, chest, back, or legs;
- Altered Sex Drive—including diminished sex drive or impotence in men and increased sexual activity in women;
- Cancer—especially cancer of the liver; and
- Birth Defects—in children born to affected parents: primarily defects of the hands, fingers, feet, and toes; some hyperactivity and psychological problems have been reported in children of affected parents.

IF YOU SUSPECT DIOXIN POISONING . . .

If you have symptoms that you feel may be related to exposure to Agent Orange or other defoliants used in Vietnam, please write to: National Service & Legislative Headquarters, Disabled American Veterans, 807 Maine Ave., S.W., Washington, D.C. 20024.

Claims for disability benefits based on dioxin poisoning will, in many cases, be difficult to substantiate. Using the free services of DAV National Service Officers will put the resources of the entire DAV behind your claim, greatly improving your chances of success.

PREPARED STATEMENT OF THEODORE P. KONESKI, VIETNAM VETERAN, HELENA, MONT.

I'm sorry I have to speak before this committee today, because as a disabled Veteran I should be able to seek help from the Veterans Administration without the treatment I've received.

I've been in and out of VA hospitals since 1970, four and a half months from being discharged from the Army. I've complained of a nervous condition along with other problems since then. Outside of giving me pills I've never been helped for any of my problems. Of course Librium and Darvon didn't cure my problems, they would only get me addicted.

The VA has always tried to discourage me from putting in claims for my problems by telling me they weren't service connected.

If you think veterans are treated fair at the VA then look at the adjudication section. The four people on the board are both judge and jury with nowhere to go after a decision is reached. Under CFR #38 3-102, when reasonable doubt arises regarding service origin, the degree of disability or any other point, such doubt shall be resolved in favor of the claimant. I've never seen this law practiced by the adjudication board. Instead, I've seen the opposite. I realize that it's hard to understand this disorder but we cannot take harassment and those stupid letters the VA sends us are just that. The adjudication section is known for this.

The adjudication board asks the veterans to write of the experiences they've had in Vietnam. My service records show that I was there and was wounded. If I wanted I could have lied and made up my own stories. I've talked to other veterans with this problem and we all agree that it was painful to write of these experiences. The adjudication board knew this from the reactions they seen in the hearings. Yet they still required it.

Dr. Davis has helped me where the VA couldn't. Yet he's been harassed by the VA as much as any of us. He should be commended for finding a drug that gives such good results. I know the VA doctors wouldn't take the time or trouble to help us as much as Brian Davis.

The best thing that could happen to Veterans, especially those with Post Traumatic Stress would be not to have anything to do with the VA.

Within a couple of months from being home from Vietnam, I was seeing my family doctor complaining of being nervous. A couple of months later I was admitted to the VA hospital at Newington, Conn. At that time I knew that my nervous problem was due to Vietnam and I put in a claim for that condition.

A neuropsychiatric exam was conducted by the VA in December 71. I was diagnosed as having anxiety neurosis. I reopened my claim again and again up until 1976 and was denied every time.

The first case was denied without any neuropsychiatric reports. All the other claims used the same report of 1971, even my claim of 1975-76.

I was a alcoholic and was drinking heavily at the time. I was never asked to enter any type of alcoholics or psychiatric programs.

The only help I received from the VA all these years was to give me Librium and Darvon for my bursitis. Neither drug was a cure, they just made me feel better for awhile.

The VA could care less that I had this anxiety problem. They didn't want to admit it was due to Vietnam. They just don't care. In 1978 a metal fragment was found in my arm. I didn't find out about it until I read my records a few months ago.

Again in July of 81, I started to feel as if I was losing control of myself. I went to the VA hospital at Fort Harrison. After waiting for awhile and not having a doctor on duty, I was referred to Dr. Davis.

This was probably the best thing the VA ever did for me. After seeing Dr. Davis and telling him of my problems and why, he agreed with me. Someone finally believed me and it wasn't a VA doctor either.

I reopened my claim again and was told I had to wait three months before it could start being processed. I was also told that they were backed up 300 cases. I was out of work and had a family to support. I felt that there was no reason why any veteran should wait that long.

As I understand it, the job of the adjudication board is to take the evidence they receive and make a fair and honest decision. I don't think any board that judges the case and gives the decision on what the veteran gets is fair. Especially, when what they say is final.

I was denied service connection for a heart condition I have. This was the results of a heart attack I had in 1979. My doctor said this was probably due to stress and Dr. Davis agrees. I brought this evidence up before the board along with the evi-

dence that I had anxiety neurosis since returning from the service. I was denied service connection because I had no way to prove the heart condition was due to stress. I put the evidence before them and I knew why I had my heart attack, like I know why I had Anxiety Neurosis. A VA doctor examined me and that board wouldn't even ask his opinion.

Under CFR No. 38 3-102, it says when reasonable doubt arises, regarding service origin, the degree of disability or any other point, such doubt shall be resolved in favor of the claimant. This law is never used. I'd like to know how many people in adjudication are veteran? I think only one!

Then they want us to write of our experiences in Vietnam! It had taken me three days and a lot of alcohol to write three pages! The other veterans I talked to told me the same thing. Our records show we were in combat. I walked out of Tim McBride's hearing because I just couldn't take it. We could have written anything we wanted to and they wouldn't have known if it were the truth or not. This is just more harrassment along with the waiting, losing doctor reports, and asking for updated reports! If you don't believe that this is harrassment then ask Dr. Davis. He has to hear it!

At our group meeting we take up a good part of our time talking of problems we have with the VA.

I had heard and I can believe it's true, that the VA, in Washington had written Ft. Harrison and told them to do something about the number of awards given for Post Traumatic Stress. I can believe this because some people are being called in for reevaluation!

Also, why should my being able to work determine what degree of disability I get? The only thing the VA accomplishes with that rule is to make sure we don't try to seek work! Because, if we do work, or try to work, they try to punish us by cutting our benefits!

The VFW that had represented me at my hearing hadn't been given time enough to review my file. I forgot how long they had the file but it was under an hour.

A few of us in our group agree that if it weren't for Dr. Davis we would be dead or in jail! He did what the VA couldn't do yet he is being harrassed by the doctors, administration, and the adjudication section of the VA!

I know Dr. Davis hasn't been paid in months. The VA had planned to start another group at the VA hoping to eliminate our group. This changed when Ft. Harrison was aware that this committee was coming to Helena. On the 18th, the Fort says it will announce who will receive the contract that they just put out to take care of veteran's psychological problems. That was nice, before they wanted to go around Dr. Davis and send veterans to psychiatrists outside of Helena and now within two weeks they want to give him a contract! The same thing with the wives group. It was only after a protest by the wives and a confrontation with the directors at Ft. Harrison that they decided to continue the group at the guidance center!

On a couple of occasions Dr. Davis had gone in with the veteran on his appeal because the VA would give the veteran a hard time. The adjudication board also on a couple of occasions asked for a second opinion from VA psychiatrists only to find his diagnosis was correct!

Dr. Davis has come up with a drug that is helping alot of us now. It's not a cure but at least we're back to normal or as close as we can get. We can live without getting depressed or feel like committing suicide or killing someone and we can even work. Dr. Davis should be commended by the VA.

Veterans with Post Traumatic Stress should not have anything to do with the VA. This we all agree on, it has to be taken care of out of the VA, with private physicians.

I would rather have nothing to do with the VA. If you look at my records you'll know why and I'm sure that you'll agree! For years I've told the VA of my problems and why I was positive it was service connected in 1970 and those bright VA doctors told me it wasn't. That's when I knew the VA wasn't out to help me.

Twelve years later they finally admitted it, after I had a heart attack and had gone through some serious psychological problems. I don't care if the VA has to support me for the rest of my life or if it costs them a million dollars in doctors fees, I'm going to get better. If the VA helped me when I asked for it I might not of had the problems I had!

Anyone that was in combat has Post Traumatic Stress to some degree. Some are like I was last year, and they'll explode sooner or later. We can't help the veteran that already killed themselves or were killed! Maybe we can help the ones in jail or that are walking the streets ready to explode! I think every combat veteran should have a psychological evaluation work up done.

I hope there is no retaliation against the veterans testifying to this committee. Also, I would hope that this committee would contact Congressman's Pat Williams office for a copy of written testimony from myself and sent to Washington, as a further statement of facts concerning your committees actions!

Thank you for your time and understanding.

MAY 14, 1982.

DIRECTOR,
Fort Harrison Veteran's Medical Center,
Helena, Mont.

DEAR SIR: On May 6, 1982, my mother was visiting her husband, Alva E. Brown, at your hospital in Unit 3 North, Room 362, Bed 1. She became ill. She requested help at the nurse's station and was refused. She was told to get her own doctor. The nurse was Terri (I do not know spelling) and that was all I could ascertain, later.

My mother was 86 years old, a diabetic, and having a heart attack. My sister was with her. She finally found a wheelchair and used it to take mother out to her car. My sister did not know Helena that well but did manage to find St. Peters Hospital. They immediately took her into emergency and cared for her without question.

What I cannot understand is the lack of compassion on the part of the nurse in your hospital. If nothing else she could have ordered an ambulance or something. Mother was also the wife of a veteran.

I keep saying "was" when I refer to mother as she died in St. Peter's Hospital on Thursday, May 6, 1982. The same afternoon as she had asked for help at Fort Harrison and had been refused.

I am sending copies of this letter to several people, including my sisters. I will list the ones I know of at the bottom of this letter. I feel strongly about this matter and believe that others should hear about what can happen in a veteran's hospital.

Yours truly,

MAXINE M. KEUP.

(NOTE:—Mother's name was Rosebud Brown.)

(Copies: Senator John Melcher; Representative Ron Marlenee; and Dr. Donald L. Custis, Chief Medical Director, Veterans' Administration.)

PREPARED STATEMENT OF MRS. TOM HUDDLESTON, HELENA, MONT., VIETNAM
VETERAN'S WIFE

I am Tom Huddleston's wife. My husband was hospitalized last Friday and I would like to speak on his behalf. My name is Nina Vaznelis and I am a third year law student at the University of Montana. I worked for the V.A. in Los Angeles while attending UCLA.

Tom is a Viet Nam combat veteran, who was a Marine Corps Sergeant and patrol leader. He served from 1962-1969. He worked for Senator Cranston before coming to work for the V.A. about 7 years ago. He has been the Management Analyst at Fort Harrison since August, 1979. His message to you is that people must care. He asks only that you listen with a human ear to what is said today.

For weeks before this hearing, he felt torn about whether or not to testify. He knew that if he told what he knew, friends would be fired or disciplined, he could lose his job, his own claims would probably be denied, and all this would be for nothing if the committee hearing were conducted for purely political reasons. He was torn between his loyalty to his employer and his loyalty to the veteran. There was no right choice. Whether he testified or not, people would be hurt. Last Friday the strain was too great and he fell apart. He was admitted to the Fort Harrison Hospital on June 11th and was transferred to the Salt Lake V.A. Hospital June 17th.

The V.A. mission is to serve veterans. I submit to you that if the V.A. were fulfilling that mission, no dichotomy between working for the V.A. and working for veterans would exist. But that is the conflict that finally tore Tom apart.

Four days after being in the hospital here, Tom was back on Hill 55. He told me how in Nam, they always took care of a man who was hit. if you were down, you could count on your buddies to carry you out. He asked, "Where is the honor here? Who is fighting for me now?" Then he started talking about the casualties and the ambush on Hill 55 again. I got scared then I got mad. I made 6 angry phone calls. Five days after admitting Tom, the V.A. made arrangements for him to see a psychiatrist for the first time. In my lay opinion, lying in a room for days with a big No Visitors sign, taking drugs, and listening to the National Guard artillery practice is

not adequate psychiatric treatment for a stress disorder. The nursing staff is compassionate, but that is not enough in these cases.

Tom was transferred to Salt Lake Thursday because a concerned nurse made calls she had no authority to make. Tom arrived in Salt Lake at 3:30 Thursday and called home at 8:10 that night. He said that he was on a locked ward with a bunch of "commies" who were really "out of it" and making him really nervous, that he hadn't seen a doctor yet, and that he hadn't gotten his evening medication because the nurses said they couldn't do anything without a doctor's order. I made another angry phone call to the nurse in charge of his ward. Tom saw a resident later that night. Before he left, Tom had said "If this is how they treat someone they know, imagine what it must be like for a faceless name on a piece of paper?"

Tom's psychiatrist had predicted this breakdown in a report submitted last December with Tom's claim for delayed stress rating. Tom waited over six months for a decision. The V.A. wrote a letter to him requiring that he pay his own way to Seattle for a psychiatric exam that would duplicate the report submitted by his local doctor. They were requiring him to relive it all again and said that they would tell him when the exam was scheduled. Later his claim was denied for failure to appear at an examination for which he never received notice. The Seattle exam was supposed to take place in April while Tom was at the National Guard Summer Training Camp in Idaho. To me, the final irony is that my husband's claim was denied while he was serving his country. All he wanted was for the V.A. to help pay for this treatment so he could get over Viet Nam.

I hold the V.A. responsible for putting him back on Hill 55. They did not take his condition seriously. This Commission has an obligation to require the V.A. to take Viet Nam veterans' problems seriously and to treat them with dignity.

It is not only the veterans who are suffering. Their families are hurt too. Like many wives, I wake with my husband's nightmares; I know not to try to awaken him with a kiss or a gentle touch; I know to walk to a seat at the back of a restaurant so he can have his "back covered;" I know I should leave the house when after days of depression, he starts loading and unloading his rifle; and I know the times he called me a "slope * * *" and hit me in rage, it was not my husband. It was the warrior.

Our warriors want to come home. Please make the system help them. V.A. recognition of their delayed stress problem is a symbolic national acceptance of their Viet Nam War service. The government made promises. Tom was 17½ years old when he joined the Marines and he believed those promises. The V.A. is responsible for making treatment available to these veterans, even though their wounds are not physical.

As lawmakers, you can require V.A. compliance with federal statutes and encourage termination of employment of incompetent V.A. employees. A simple certified mail requirement would eliminate the problem of unjust denial of claims for failure to appear. The law limiting a veteran's attorneys fees to \$10 ensures that veterans have no legal representation before the Board of Veteran Appeals, the final appellate level in the V.A. system. Ten dollars buys about 15 minutes of legal time here in Montana. Since the V.A. has exclusive jurisdiction and there is no judicial review of their decisions, veterans' due process rights can be violated at will.

For Tom's sake, for the sake of these families who came to plead before you today, and for the sake of the communities in which these human time bombs live, I hope you will require the V.A. to live up to its mission. All the Viet Nam veterans want is for someone to care. All we want is to have our men home again.

Thank you.

PREPARED STATEMENT OF ROBERT L. "STONE" BURK, VIETNAM VETERAN, MISSOULA, MONT.

It is extremely difficult for me to even talk about how I feel regarding the Vietnam War and the way our government has handled the veterans' problems since that conflict.

I am not ashamed to tell you that I am crying as I write this. Be assured that I do not want your sympathy nor kind words. I am writing this because it needs to be said.

It is impossible to describe the emotions evoked by even thinking of the war. I can only speak for myself, but, I believe thousands, perhaps hundreds of thousands, of Vietnam Veterans share my feelings. When I think of how our government, my government, betrayed us and continues to betray us, I am filled with an overwhelming

rage, hatred may be a more accurate term. Therein lies the dilemma for most veterans. We love our country but despise the way our government has acted.

Nobody, absolutely nobody, loves America more than I do. Most veterans, I'm sure, share that feeling. But, we are not longer so naive as to believe our government is incapable of lying to us. We went to Vietnam with pure hearts and high hopes, believing that our government was the most honorable and trustworthy government in the world. We were badly mistaken. I believed our government would take care of its wounded and emotionally scarred veterans. I believed our country represented only good, motivated by an abiding love for human life and dignity. I believed my leaders would not betray my faith and trust in their integrity and goodness.

Then came the rude awakening. I returned from a second tour in Vietnam in 1972. I had flown 242 combat missions in my two tours in the F4 Phantom Jet. By the time my second tour began I was starting to realize that my government was not being truthful about many things. I went anyway. We really had little choice; but, had I known what I know now I would have refused to go. We faced courtmartial and a dishonorable discharge along with the disgrace of being a traitor at home if we refused to go. After seeing our President lie to us, after seeing top Cabinet officials and White House staffers lie to us, after hearing numerous tales of coercive tactics in foreign countries by our CIA and of atrocious acts of spying and coercion by the FBI and CIA on our own people, and after hearing and reading of the greed and devious power struggles among our top leaders, I began to question my faith in the integrity of our government leaders. We were betrayed by them then and we are betrayed today.

The Vietnam Veteran went with pure heart to fight what he thought was a war for the oppressed people in Vietnam. We learned later that we were used, manipulated and duped, by the giant political-economic-military power brokers of this country who have no scruples and no real concern for people or property. That lack of concern is evident today in the way our government treats the Vietnam Veteran.

Our government will send \$300 million to El Salvador to support a corrupt and oppressive military government but will not spend \$300 on helping a veteran in need. We would turn our backs on veterans who are suffering from stress and Agent Orange and disclaim any responsibility while at the same time sending multimillions in aid to foreign countries who take our money and spit on us.

You, Uncle Sam, sent thousands of us to a foreign country and directed us to kill thousands upon thousands of innocent people, knowing full well that we could never win the war the way it was being fought. It sure helped the coffers of the military hardware suppliers and provided a great testing ground for new technology. Of course it was coincidental that a few innocent people were killed. We were told to bomb areas supposedly cleared of civilians only to find afterwards that the medals we won are smeared with the blood of children and women. I hate so bad and yet feel so guilty about hating my government that I've often thought of suicide. Many veterans have and a large number have found the solution to their mental anguish by taking their own lives. The unfortunate irony is that you are the guilty party. We did not lie to you nor did we act dishonorably and yet you stand idly by while thousands of veterans lives are literally ruined because of your failure to help them cope with this dilemma. You have left us with no hope. We can't all kill ourselves because some of us have tiny babies and loving wives who need us. As for me, I have already died a thousand deaths. I came home from Vietnam without a physical scar only to have my whole being torn apart by the knowledge of your betrayal. Moral pain, as one writer puts it. You have raped us and we are unable to strike back. We live every day of our lives seeing faces of children and women and old men torn to bits by our bombs and bullets. And then you wonder why we are bitter cynics.

What did the average veteran face when he came home? A populace who called him a loser, a dope head, a troublemaker, a baby killer, and a thousand other painful titles. What does a young man do when he comes home, filled with agony in knowing that he has killed so many people for no reason, and then to be met by a hostile job market and no hope—only despair. No help—only an unfeeling, uncaring, sluggish government bureaucracy. Many veterans came home to find their girls married or their wives gone and their hopes shattered. The job they wanted required more training or they were too late or the boss didn't want a crazy veteran. No job—no money—no love—no hope—only despair.

And what about the general public? That mass of seeming idiots who went wild over the freedom of a small group of hostages who spent a year in relative comfort and yet that same mass turned their backs on their own young men and women who suffered the terror of lying in foxholes or bunkers while enemy mortar and bullets ripped the arms and legs off their buddies day after day. And what about the

pilots who flew missions into the most heavily defended targets in history, only to drop thousands of bombs on absolutely meaningless targets while enemy gunners shot at will. We veterans did that for you. We were happy for the hostages safe return, but the spectacle of watching the public go wild over such a small sacrifice compared to the unbelievably harsh results of the Vietnam conflict was nearly too much to bear. I personally checked out Colonel Ted Guy, that is I was his instructor pilot, when he returned from 4½ years in captivity in Vietnam. He underwent unbelievable stress in solitary confinement, suffered beatings and lost all those years of his life. Where was the nation to welcome him home? What about the thousands of young men with no legs, no arms, horrible burns, Agent Orange disease, and other handicaps? Where were my people who patted us on the back and said go do it son, we're behind you all the way! Where are they now? Where is my government?

We did that for you; we did it because we believed our government and our people were behind us and that they would support us when we returned wounded and tired. The most painful thing for me to cope with has been the realization that I let my government use me to kill so many innocent people. I have a Distinguished Flying Cross for killing people. Isn't that a great commentary on the thinking of our government. I cannot bring back the bombs. Every day, sometimes several times a day, I see a small girl running toward me. She has terrible burns from the napalm I dropped. She is crying, screaming. She is my daughter and I killed her. I want to die. I want to forget and I cannot. I, much like many of my veteran friends, have tried drowning the memories in alcohol—it doesn't work for long and it just adds to the depression. I have tried several types of work and crafts hoping to find some peace. There is none and there never will be. We have all died a thousand deaths.

So, after 10 years my wounds are worse than ever. I do not tell you this to seek your sympathy. I want nothing from you. You simply must realize that Vietnam Veterans bleed inside. We suffer from moral pain. The government can ease that pain by actively seeking out veterans and helping them get job training, meaningful jobs, counseling and medical aid. Stop treating veterans as a disease and start recognizing our responsibility to these men and women.

It should at least interest you that I am one of the fortunate ones. There are thousands upon thousands of veterans who had little or no education or job skills to fall back on when they got out of the service. I had a college degree when I joined the Air Force and I did very well in the service. I was an Instructor Pilot in the F4 Phantom Jet and had considerable practical experience in construction and logging prior to entering the Air Force. Most younger veterans came home highly disillusioned and found it hard to get jobs. Many still can't hold a job. When I decided to get out of the service, I did not understand what was causing my unrest and emotional dissatisfaction, but I do now. I am going to make it. I have to. I have just recently graduated from law school and have a good job to look forward to. But, I will never lose my bitterness and I will never be the same. I am sorry that so many veterans do not have anything to look forward to. I think that is largely the fault of our government.

Montana has thousands of Vietnam Veterans, most I am told are living in the mountainous areas of western Montana. This is a vast state and we need centers where veterans can get the physical and emotional help they need. These Centers must be staffed by Vietnam Veterans, people who care about veterans, and not by insensitive and apathetic bureaucrats characteristic of so many of the government agencies. Missoula is an ideal location for a Veteran Rehabilitation Center for western Montana. Other locations may be just as good but the point is, there needs to be some place where veterans can get through the myriad of red tape in a quick and efficient manner.

Educational benefits is another sore area with many veterans. It makes no sense to me to restrict educational benefits to only certain courses. If I want to go to law school and also learn how to become a fiction writer at the same time, I should be allowed to use my GI benefits to go to both. I earned them 10 times over and I get damn tired of some insensitive highly paid government bureaucrat treating me like a child. The purpose for the GI Bill was to aid veterans in transitioning to civilian life and to help offset the costs of the education he missed. It makes no sense to restrict one to a certain course of instruction. Whatever will help the veteran become a productive and healthy member of society is good for society; so limit the amount of and length of benefits but don't be so restrictive on how they can be used. Also, legislators should make a concerted effort to reinstate GI benefits for those veterans who did not use them within the allotted time. Give the veterans a chance. Many of us did not realize the benefits would expire and others were simply not in the emotional frame of mind to take advantage of them. Stress has a way of destroy-

ing hope and removes the incentive to do anything. There should be a very active campaign to get veterans back into the main stream of society.

The next time you people have to vote on aid to foreign countries, I suggest you take a few million off of their gravy train and take care of our own people. Veterans such as myself are very angry. We are angry about the callous disregard our government has for those who suffer from Agent Orange and other war connected diseases. We are angry about the lack of programs to help veterans get meaningful jobs. We are angry about the apathy shown by many of the people in the Veterans' Administration. I personally am so disgusted with the shoddy way our government has treated veterans and needy people in our country that I want nothing to do with any part of it. I simply want to be left alone. I do hope you will at least consider the plight of other veterans and do something positive to help them through the stress. We are all like time bombs waiting to explode. You can help diffuse the bomb. In the process, be careful to understand that most of us wish no ill will on the government; in fact, we would like to see it change and prosper. Unfortunately we've been stomped on so many times we are quite cynical.

I thank you for coming to Montana to hear our concerns. I wish you all well. Keep in mind that my statements are from the heart. They may be offensive to some but they are my honest feelings. As mentioned previously, I want nothing from you but I do urge you to stop fence-sitting and do something concrete to help the other veterans. I will be happy to talk to any of you as a group or individually if you have any questions or comments.

PREPARED STATEMENT OF DONALD NANCE, VIETNAM VETERAN

June 19, 1982, an insignificant day to many people, for myself and others like me it is very important because you are here to take testimony about the Veterans' Administration and their treatment of Delayed Stress Victims, believe me this a matter of life and death for those affected, it touches all facets of our lives.

We have all heard the very eloquent statements and promises from the Director's office on down through the chain of command at Fort Harrison. We who deal with Fort Harrison on a continual basis know that their words are empty, as are their hearts. As I sit here preparing this statement on my own time I can visualize the battery of government employees at Fort Harrison who are at work trying to justify the shabby degrading treatment they have given the Vietnam Veteran so that they may each get back to their real love, the self-perpetuation of the Veterans' Administration and their own career advancements.

I would like at this time to bring forth the many problems encountered by Delayed Stress Victims who seek help from Fort Harrison. Please keep in mind that as victims of this Anxiety Neurosis most of us have reached the point of being non-functional emotional wrecks before we are even seen for this disorder, many have tried to commit suicide, have become alcoholics or drug dependent since they could not cope with everyday stresses and the memories or feelings left from the traumatic experiences in Vietnam. With this in mind I shall proceed.

The first thing a Delayed Stress Victim realizes is that the VA will not help in the development of his claim, in fact the VA will do everything it can to discredit the veterans' statements and those of relatives, wives, etc.

Many times when the Veteran finally is able to see a VA doctor, who though they don't understand this disorder, may or may not make an appointment for the Veteran to see a consulting Psychiatrist. If an appointment is made many times the Veteran is not notified of it and the Veteran will receive a letter saying he is rated zero or flatly deny the claim because he failed to appear for an exam. Suddenly the very Organization that is set up to care for Veterans becomes an adversary and the Veteran has to protest and raise hell to get another exam scheduled. I know from experience this can take at least eight months so the VA has gained time and the Veteran is confused and angry. Once the exam is completed by a Psychiatrist there is a very good chance that if Post Traumatic Stress Disorder is diagnosed that the VA will want another opinion which invariably agrees with the first doctor's report and only subjects the Veteran to more stress and frustrations, costing the tax payers more money. It is interesting to note that if the first doctor does not diagnose Delayed Stress, the VA doesn't send the Veteran to another doctor. They do their damndest to prove that we don't have this disorder, then they try to discredit any report which testifies to the severity of the disorder.

Finally, the Veteran receives a statement of the case and regardless of what the Psychiatrist's report says they usually assign compensation from zero to 30 percent, once again the Veteran who is more severely affected by this disorder must sit down

and file an appeal which means that it is necessary to open doors in his mind that are closed on memories better left at rest, now the hatred focuses on the government again because the VA has not been honest and fair and this brings back memories of another time where the Veteran was used rather badly then discarded by the government.

When the appeal is filed it sometimes takes months even years to receive an answer from the Adjudication Division, meanwhile the VA might want another opinion so off the Veteran goes again to encounter more road blocks. Sometimes the opposite is true and the Adjudication Board will do the appeal evaluation without even asking the treating Psychiatrists for an updated report, in this instance the Board goes beyond its legal bounds by making a Psychiatric evaluation without the benefit of a Professional Psychiatrist. Then they send the Veteran an unsigned statement of the case. When the statement of case is finally received, the Veteran will usually find little change from the first rating board's decisions so now once again the Veteran files an appeal and at this time he can ask for a personal hearing or send his case to the Board of Veterans' Appeals. Since this is an anxiety neurosis the Veteran will want an answer as soon as possible and by now it has already been over a year of sitting around being a dart board for the VA so he usually elects to a personal hearing, which the VA sets up at their convenience, more waiting. It is no small matter to the Veteran when he finds out that the closest most of the rating board has been to war is watching Combat on TV, how do these people know how we feel, how can they have compassion or understanding for a Veteran of a War nobody wanted when we are stereotyped as baby killing, dope taking mercenaries who love to kill and maim.

The hearing is a very upsetting emotional experience where old wounds are laid bare and you stand naked before the board with all the hurts exposed, this hearing may or may not be fruitful depending on the mood of the board, the evidence which is presented seems to be of small importance in making a rating decision as the Psychiatrists can be there and state how severely affected the Veteran is and the board still can refuse to accept his statement. After three or four months the Veteran receives a supplemental statement of the case in which once again the rating board can be contemptuous of all the reports and deny the claim.

Once again the Delayed Stress Victim must sit down and write an appeal to the Board of Veterans' Appeals in Washington, D.C. By now it has been close to two years since the problem was diagnosed and the victim is still being buried in red tape. Upon filing his appeal he is told that it can take up to a year before an answer is received from the Board of Veterans' Appeals.

I know all of this to be true because it is happening not only to me but many others here today. I have asked Congressman Williams' office to make available to you all of my files at his office as I have sent him all of my correspondence from the last two years and I believe that my case is very typical of what a Delayed Stress Victim must try and endure in order to finally receive help with finding the road home from Southeast Asia. The VA treats us as if we were trash, our claims must be air-tight, while they are always breaking the law by not considering our claims according to law.

They humiliate us by having guards follow us when we are at the Fort Harrison facility, even if we are with our wives.

The VA has been arrogant, indifferent, rude, unfeeling and uncaring about the Victims of this Neurosis and their families, families which for years have been traumatized and hurt by a continual stream of bizarre behavior, fits of rage, suicide attempts, beatings and many other things. The time is right for the revamping of a wasteful system that has been more interested in itself than the ones it is supposed to serve. The present system seems to reward failure and penalize success, no matter how small the success is.

I believe an investigation into Fort Harrison would show there was mismanagement and misuse of funds by them, sending Veterans out of town and out of state for second and third opinions. It would show poor organization and inefficiency when some Veterans are Adjudicated in two months, others in two years. Is it the employees at Fort Harrison or is this nationwide VA policy? Where is the money budgeted for these Out Reach Programs? Why all the discrepancies in the Adjudication Division?

This disorder has consumed one-third of my life, one-third of my wife's life, and all of my children's lives, why should it take another year? Why does it take years to fairly rate a Post Traumatic Stress Victim when a fast efficient fair rating would allow those veterans and their families to start rebuilding their lives years sooner.

I thank you for allowing me this opportunity to address you on these very important matters and I will be glad to answer any questions you might have.

PREPARED STATEMENT OF TIMOTHY J. MCBRIDE, VIETNAM VETERAN

My name is Timothy J. McBride. I served in the United States Army from June, 1967 till March, 1970. I served in the Central Highlands of Viet Nam with the Second Battalion, Eighth Infantry, Fourth Infantry Division from February 1969 till March 1970. In Vietnam, I served as an infantryman/Machine gunner with Recon Platoon, Headquarters Company and later I was assigned as Track Commander, Chemical Specialist and Platoon Sergeant with Flame Platoon, Headquarters Company. During my military service I was hospitalized for bilateral leg damage caused by an Army ¾ ton truck rolling over both legs with minor wounds in the trunk and body; for vivax and malariae strains of malaria. I have the residuals of the diseases and am still am plagued from the active and recurrent effects of malaria. I wear knee braces to allow me to function somewhat normally and without too much pain. I also suffer from a disorder known as Post Traumatic Stress. In V.A. jargon, Post Traumatic Stress is the category they place Vietnam Combat veterans in who display the emotional disorders of dehumanization, depression, anxiety, flashbacks, survivor-guilt, nightmares, homicidal and suicidal tendencies, instability in home and work environments, and improper and/or socially unacceptable reactions to stress and authority.

Because of the brief amount of time I am allowed to orally state the treatment I have received since my release from active duty, and because of the specialized intent of my testimony to this Committee, I will give you a brief history beginning with my October, 1980, introduction to the VA system, its policies, and its personnel at Fort Harrison, Montana.

In October of 1980, due to a buildup of stress on the job and just not fitting into the family/work ethic I tried to follow, I flashbacked to combat in Vietnam where I was mentally able to cope. My wife called Fort Harrison for assistance but was told they could do nothing unless I was brought in. They gave her no assistance in finding a way to bring me in nor how to deal with me. It just wasn't their problem. After she called the police in Townsend, I was finally brought under control and was taken by county ambulance to Fort Harrison. At Fort Harrison Hospital, I was admitted, given some sort of tranquilizer, put into a little room at the end of a hall and left alone except for a security guard outside the room.

When some semblance of sanity returned, I was told that I would be sent to the mental ward at Fort Sheridan or would be allowed to get therapy outside of the VA system and scheduled with Southwest Mental Health. I was not told of any outreach program, of filing a claim, or any positive prognosis of my condition. I was demoted to laborer by my employer who later fired me because of my service-connected disabilities.

It was through my family and my own efforts that I have learned of the DAV outreach, contacted them and was directed to John Sloan and the DAV in Fort Harrison who provided me with information and started my claim for benefits.

According to Title 38 of the United States Code and the Public Law contained therein, I would be adjudicated, informed of programs of assistance and the VA would provide timely and appropriate assistance to aid and encourage me in applying for and obtaining such benefits (Title 38, Subchapter IV, Sec. 240).

Fort Harrison not only gave little or no assistance but has misrepresented, ignored and acted in complete disregard of the law. According to the law, doubt of validity of claim or conflicting testimony would be decided in favor of the veteran. (Sec. 354 of Title 38.) In fact after my claim was rejected, I had to personally collect my military medical records and present them before the adjudication board and show where and when treatment was received. Because of medical records being brief about conditions I also had to explain and provide word for word documentation of any condition claimed. Bob Colvin, Director of Adjudication explained to me that because the treatment provided me by military doctors did not state the extent of damage nor the permanent disability that may result, that there was a possibility that since my service I may have reinjured myself or been reinfected with malaria, therefore until I can prove otherwise the decisions on my claim would not be favorable. I have enclosed with my testimony copies of some of the form letters sent to me as evidence of Bob Colvin and the Adjudication Boards' disregard of the law and their form letter attacks to my credibility. I am rated 100 percent for Delayed Stress and in my medical records, and claim file are letters attesting to my disabilities and recommended treatment. These are disregarded by Fort Harrison. Bob Colvin and

his form letter barrage have undermined and damaged to the point of destruction my rehabilitation and my family therapy. My individual treatment by Bob Colvin is not an isolated incident, it is done then and now to Vietnam veterans and maybe to all veterans. This committee has the power to stop future destruction of veterans and their families by Bob Colvin but it must be now. A week, a month, a year means veterans and their families are beyond help, too many have suffered and too many have died.

Next I want to address another VA structure and what it had done to me and my family: Medical Services, under Gary Orr. Gary Orr has sought me out, promised action on medical bills or other matters with fee basis and other medical matters and then through his form letters and administrative decisions has regressed therapy, destroyed any faith I had in medical services provided by the VA and then blamed his actions on VA officials in Washington and budget. His responsibility is to provide medical services and payment to private fee basis physicians and treatment centers who provide care for me for my disabilities. I have presented him personally with bills from the private sector for payment by the VA. Each time I have been told that he would take care of them. I was treated for Malaria by Southern Nevada Hospital in Las Vegas in April 1981. Five times since that time I have presented the bill to Gary Orr, five times I was assured it would be taken care of. I have now been contacted by a collection agency for payment of that bill. If I could financially afford it, I would pay but not working since May 1, 1981 and not being able to find work because of my disability and trying to support five people (my wife, myself and three sons) on \$1,322 a month (my VA Comp), there isn't any left over after paying those bills we now have and buying food. Six months I waited with no job, no prospects and no help from the VA and my prior perfect credit rating was shot and my bills were turned over to collection agencies. Gary Orr called my creditors and explained my condition and that the majority of my claim settlement would come after the VA in Washington rated me. Since October 1981 my claim has been in Washington and I still haven't heard and my creditors have stopped waiting. I asked Mr. Orr numerous times about other monies the VA owed concerning travel pay for my therapy in Helena and Great Falls. I have been told by him that a computer rejected payment once but that it would be resubmitted. I have been partially paid for travel but it comes nowhere near the car expenses I have for me and my wife and children to get to therapy sessions. The money and credit damage is minor compared to the attempt by Gary Orr to Destroy the progress made through therapy by my wife and family. Without any prior warning on May 3, 1982, Gary Orr called the Helena Comprehensive Guidance Clinic and informed them that all my wife and dependent therapy provided for at the clinic by the VA since July 1981, was no longer going to be funded. He informed them that it was a decision made in Washington for budget reasons. The damage done by that phone call by Gary Orr nearly destroyed the ten months of progress of the vets, their wives and their families had made in learning to readjust and attempt a somewhat normal relationship in their lives. This type of treatment is in total disregard of symptoms and seriousness of the Post Traumatic Stress Disorder. It recreates the feelings, hatred, frustration that are manifested in the families of Post Traumatic veterans. It was a stab in the back to the veterans and their families who began to believe that the VA was trying to help. The statement later by Garry Orr to remedy his first statements may have removed the knife, but the wound is still there and it is doubtful that any veteran or family affected will trust the VA again to not hurt them.

Next I would like to briefly state my dealings with Robert Sexton, "God" and counseling psychologist of the VA Vocational Rehabilitation Services. After being fired from my job and my inability to find another, I used as my last resort the benefit of VA Vocational Rehabilitation. I am good with electronics and previously had discussed with Dr. Brian Davis and Dr. Evan Lewis (VA Clinical Psychologist) the possibility of starting an electronics repair shop. With their approval and recommendation, I made an appointment with Robert Sexton to ask for assistance in getting some additional training in electronics. I was in the process of setting up my own business and was looking for a way to get the specialized training needed while operating, at least part time, the business. I suggested a correspondence program because of locations of schools that could provide the needed training. I explained my background and what Title 38 provided for by law for vocational rehabilitation. He informed me that Correspondence Coursework was out of the question even though it was recommended in a letter by Dr. Brian Davis. He said that his 30 years experience told him that it wouldn't work in my case and that type of training would not be provided. He recommended that I try a program at Carroll College to see if I could handle school. I then informed him that I already had a B.A. and a MS

Ed that did me no good because my disabilities and that all I needed was some specialized electronic training. Robert Sexton told me that he would never approve such a program and that I should try Montana State Rehabilitation Services. Some months later, I again approached Robert Sexton concerning Voc Rehab and showed him the law as written in Title 38 and the law's statement on rehabilitation services that the VA was to administer. I was informed then that he had received no directives on how to administer the law and until he did the VA would do nothing. I went to the Director of the VA, Frank Caldwell and talked to him concerning the law and the refusal of Mr. Sexton to assist me. He called Mr. Sexton and told him to see me again. I returned to Mr. Sexton and he was supposed to assist me in setting up some sort of program. Frank Caldwell finished our discussion with the statement that he wanted me to work within the system and Robert Sexton and the help I needed would be provided. I returned to Mr. Sexton and was told a third time that he didn't see how I could be in business for myself and that the VA would not assist my efforts. He told me that in his opinion I was nonrehabilitable. I have not nor will not return to Sexton for VA help.

To close my testimony, I would like to summarize the specifics I allege the VA has done to me and my fellow Vietnam Veterans. We have been degraded and treated with hostility, apathy, and total disregard for our feelings and our families. Our therapy group and the professionals treating our disorders have been undermined and slandered. The Washington VA has investigated us due to an anonymous letter written by Bob Colvin that stated that our clinic was incompetent, misrepresenting itself and its staff, and was misrepresenting and misdiagnosing veterans sent there for evaluation. Veterans evaluations are being routed around the Helena Comprehensive Guidance Clinic by Fort Harrison. The results of the Washington VA examination of the Helena Comprehensive Guidance Clinic should be examined by this Committee and its findings should be made public. The Fort Harrison VA should be held accountable for mispending government funds in travel, food, lodging if Helena Comprehensive Guidance Clinic is competent and its credentials are in order. My initial evaluation and many of our therapy groups was done by the H.C.G.C. but reevaluations and other initial evaluations are now done outside of the Helena Area. Why does the Ft. Harrison VA find it necessary to seek outside evaluations but allow H.C.G.C. to do therapy.

PREPARED STATEMENT OF MRS. MARY LAING, WIFE OF VIETNAM VETERAN, HELENA, MONT.

My name is Mary Laing and I am married to a Viet Nam veteran. I first met my husband shortly after he returned from Viet Nam. So I can tell you very little about him before the service, he was only seventeen when he joined. But I can assure you that there is no doubt in my mind that my husband is suffering from Post Traumatic Stress Disorder.

He suffers from outburst of uncontrollable rage, depression and suicidal tendencies, a dislike of anyone that has authority over him, forgetfulness and preoccupation, the inability to deal with any type of stress, and a desire to live on a mountain where no one can bother him. And over the past 15 years that we have been married I have seen him struggle to control these until he finally lost the battle. For many years my husband tried to function normally as a police officer. And I believe he was a darn good one. The only problem was he would keep all the pressure in until he got home and then take it out on the kids and me. There was one time when things had gone really bad for my husband at work and at that time our four children were young. Well our oldest son got into a bunch of things that he shouldn't have and my husband got very angry. He started yelling at our son and then picked him up and dropped him on the couch. My husband said as soon as our son hit the couch he heard his leg break. My son suffered a great deal of pain from that broken leg but my husband suffered more. He cried and kept asking why he did such things like that. I tried very hard not to be angry with my husband and it has taken me a long time to forgive him. But I decided that he needed me as much as the children and since then my husband has tried to hit walls or anything else instead of venting his anger at the children. (And since starting counseling he has improved greatly.)

Shortly after that my husband decided that if we got away from the pressures and stress of suburban life (New Jersey) things would improve. So in January of 1975 we moved to Ennis, Montana, where my husband was a Madison County Deputy Sheriff. Being a deputy in Montana had none of the pressures that being a police officer in New Jersey had. But we soon discovered that we didn't fit there either. Things

just kept getting worse. Finally in June of 1980 my husband came to me and said I can't do this any more and I knew he meant it. So my husband resigned his job and for awhile did nothing. Then he applied and got the job in Ennis of maintaining the roads and water system. I know that it was only because of the good hearted people in Ennis that my husband worked there for a year. Some days he would do great and other times he couldn't leave the house or talk to anyone. But they knew we had four children to feed!

Finally in June of 1981 I got my husband to come to Fort Harrison. He was at the point where he was thinking of suicide continually and constantly depressed. So I phoned Fort Harrison explained to them exactly what was happening and could I please bring my husband up the next day to talk to someone. We were told to report to admitting at 11:30 the following morning. Well we reported then and we were told we might as well eat lunch because the doctors were at lunch. Why in the world did they schedule an appointment for when the doctors were at lunch? So we waited and waited and finally about 1:30 I asked approximately how much longer would it be? I was told it would be soon and they moved us to another waiting room. Meanwhile my husband was getting worse and worse and wouldn't have stayed that long if it weren't for me. Then finally after sitting there for about another hour, my husband said that's it no more! As my husband was trying to leave I ran up the desk and told the man at the desk (Ed) that my husband was leaving and that unless he got him someone to talk to right away he would be dead! And thank God, Ed got Carlene Armstrong for my husband to talk with. And she in return arranged for my husband to see Dr. Brian Davis, which began a long relationship. My husband tried to continue to work July, August and September, with traveling from Ennis to Helena, for counseling and to keep the many appointments at the V.A. We would receive a "charming" letter stating you are to report at such and such a time and date for examination. Failure to do so will cause termination of claims and benefits. Sometimes these letters were not received until the day before the appointment. Talk about stress and anxiety, this always caused a great deal of problems in our household.

Then in September of 1981 I had to take my husband to Fort Harrison and admit him. He finally could take no more! My husband stayed in the hospital for one week and came home and quit his job. At this point he could no longer work or cope with society.

At this time we asked that my husband claim be pushed through as a hardship case. And for once I have to give the V.A. credit, it was rated a lot sooner than most. But we went through hell during this time. I had to go out and look for my husband several times because he had a gun or was leaving because he was useless. I had to call Joe Harrington (Helena Comprehensive Guidance Clinic) to talk my husband into letting me have a gun he was holding on us. The stress these men go through while being rated is unbelievable. Any you often wonder if it is worth all the hassle and aggravation. Anyway my husband was rated 100 percent disabled for Post Traumatic Stress Disorder.

We then moved here where we could be near counseling and the fort. And since then we have been working very hard trying to improve our lives and our families. Trying to understand what happened to our husbands and how to deal with it.

Then on May 3, Gary Orr phoned Joe Harrington at the Helena Comprehensive Guidance Clinic and informed him they would not pay for any wives or dependents to get counseling as of now. None of the people involved were informed, Mr. Harrington had to tell all of us about it. Well on May 5, I believe, we the wives, went to Fort Harrison to ask Mr. Orr what was going on. In the meantime we had heard a statement from Mr. Orr saying it was from Washington. And a statement from Mr. Caldwell, the director, that it was something the fort was doing and they had six trained staff members ready to take over. Well when we had our meetings we were informed that this was a directive from Washington but they couldn't show us anything in writing. And they did not have six trained staff members ready to take over. In fact the staff members that were anywhere near qualified to handle this knew nothing about it. We tried to explain to them how vital this counseling service was to us and what they had done to our progress by this. We also tried to explain to them how upset we were but they just kept giving us double talk. How can they interfere with the patient doctor relationship that we have established with Helena Comprehensive Guidance Clinic? Especially since the V.A. are the ones that sent us there in the first place. They assured us we could continue to go to Joe Harrington and they would have a meeting with them to try and work something out. The V.A. had their meeting with Mr. Harrington that week and he offered to do anything he could to help this situation. Whether it was to go on contract or go to work out there on a part time basis. The next thing we heard the next week from Mr. Cald-

well, Mr. Larson and Mr. Orr was they were going to put this out on bid and they would award the bid at 10:00 on June 18, 1982. And to please not to worry they would not interrupt our counseling in any way and to trust them. They wanted us to trust them, the men who had been trying to stab us in the back. Well on June 18 I went out to the V.A. and tried to find out about what happened. I talked first to a Diane Tripp in Supply, who said they had opened the bids but would not award the contracts for another 30 days. When I asked Gary Orr about this he stated oh no, we have a meeting scheduled for Monday afternoon and it will be done a lot sooner than that. Well my reaction to that is BULL. They are trying to feed us another line, they must really think we are stupid people.

In the last month I have received an education on the V.A. that has left me sick and disgusted. I have been told different "stories" by different people and none of them agree. I caught Mr. Bob Colvin in three lies just this week. I have heard references that Dr. Brian Davis and Joe Harrington are incompetent and pulling off a fraud. These men's credentials are a lot more impressive than anyone I have met at Fort Harrison. And the only crime I can see is the misuse of tax dollars at Fort Harrison, by flying men all over the United States trying to get the diagnose that they want to hear. Also by the many wasted man hours and doctors fees trying to prove a claims false. If they spent as much time trying to get these men help and rated faster we would all be in a lot better shape. Dr. Brian Davis and Joe Harrington have done a lot more to keep these veterans alive than Fort Harrison. They don't seem to realize that they are playing Russian Roulette with these men's lives and their own for that matter. They can only push these men, lie to them, and treat them with not dignity for so long. Sooner or later they will break and then who will pay the consequence? I have often wondered how many lives have already been lost for lack of a little human compassion! After all these men risked their lives for their country, why should they have to continue to do so just to get benefits they are entitled to.

I could go on about things that have happened at Fort Harrison but what is needed is for you to investigate for yourself. All of us could set here for hours and tell you about the fort but you need first hand knowledge in order to better understand the miscarriage of justice going on out there.

After all of this I would like to say that I am very proud of my husband. In the last year he has worked very hard and is improving more each day. He still has Delayed Stress and will probably always have it but he is trying to build a life for him and us. Mr. Harrington once asked us in group why we stayed with our husband after everything that had happened. I know one reason is that I LOVE him deeply and I like to think we have a very special relationship after everything we have gone through. And under all the problems my husband is having there is a very special human being, who is worth all the work!

Our husbands lives, ours and our children rest in your hands. How many more veterans are you going to let take their lives, until you do something. Because if you don't take action to correct treatment and conditions for these men, their lives are on your conscience!

Thank you. This statement is submitted by both my husband and me.
Attachments.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, D.C., May 21, 1982.

Ms. MARY LAING,
Helena, Mont.

DEAR MARY: I just wanted to get back to you and assure you that I am following the family counseling issue with the Veterans Administration.

As a member of my staff informed you, the V.A. is working with Joe Harrington from the Clinic to design a complimentary program, and until an alternative is formulated, current services will continue at the Helena Comprehensive Guidance Clinic.

If you should have any other questions or comments, please don't hesitate to call. Stay in touch.

Best regards.
Sincerely,

PAT WILLIAMS.

U.S. SENATE,
June 1, 1982.

Mrs. MARY LAING,
Helena, Mont.

DEAR MARY: I am enclosing my letter from the office of the Director of the Veterans Administration, at Fort Harrison, Montana for your consideration.

Please review the letter very carefully for details. If you have any questions or disagree with the information provided, please call my Helena office (449-5251).

I am also enclosing a copy of my report to Montana veterans. I hope it is of interest to you.

Please keep my office posted in regard to how the Veterans Administration chooses to handle your case.

Best regards.

Sincerely,

JOHN MELCHER.

Enclosures.

VETERANS ADMINISTRATION,
MEDICAL AND REGIONAL OFFICE CENTER,
Fort Harrison, Mont., May 26, 1982.

Hon. JOHN MELCHER,
Member, U.S. Senate,
Billings, Mont.

DEAR SENATOR MELCHER: This is in response to your inquiry concerning family counseling for Mr. Richard Laing and his dependents.

Mr. Laing is a 100 percent service-connected veteran who is receiving treatment from a local clinic at VA expense under our Fee Basis Program. Mr. Laing's wife and children are also obtaining family counseling from this same clinic at VA expense.

We have not discontinued this program of family counseling, however, we have requested an opinion from the Policies and Procedures Division of Medical Administration Service, VA Central Office, as to whether we can legally continue to provide this type of therapy through our Fee Basis Program.

We have contacted Mr. and Mrs. Laing and assured them that this program has not been cancelled, and if we can no longer legally provide family counseling under our Fee Basis Program, we were pursuing other means to ensure that their quality and continuity of care is not interrupted.

We appreciate your interest in our Montana veterans, and if we can be of further assistance, please contact us.

Sincerely yours,

For and in the absence of _____.

FRANK W. CALDWELL, Director.

U.S. SENATE,
June 15, 1982.

MARY LAING,
Helena, Mont.

DEAR MARY: Thank you for letting me know that the Veterans Administration planned to do away with professional counseling for families of Vietnam veterans.

In response to my inquiry on your behalf, I received the attached letter from the Committee on Veterans Affairs. I am pleased to tell you that the program has not been terminated and that you will continue to receive counseling.

If I can be of further help, please let me know.

Best regards.

Sincerely,

JOHN MELCHER.

Attachment.

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C., June 3, 1982.

HON. JOHN MELCHER,
U.S. Senate,
Washington, D.C.

DEAR JOHN: I am writing in reply to your letter of May 10, 1982, regarding the status of a counseling program in Helena, Montana, funded by the Veterans' Administration for Vietnam veterans' family members.

I am pleased to report that the information given to the family members participating in this program—that the program was being terminated—was incorrect and that the VA has advised me that the counseling for the participants "will continue until maximum benefit has been achieved." I am advised that participants in the program were given incorrect information because of a misunderstanding at the parent VA facility of the extent of the VA's authority to provide readjustment counseling on a contractual basis through private facilities to the family members of Vietnam-era veterans who are receiving counseling or related mental-health services. I hope that the concerns of the veterans involved and their families have now been eased.

Thank you for bringing this matter to my attention.

With warm regards,
Cordially,

ALAN CRANSTON.

PREPARED STATEMENT OF MRS. MARCIANA GARAY, WIFE OF VIETNAM VETERAN, BABB, MONT.

Recently, We the wives of the Vietnam Veteran were informed that the Veterans Hospital and Administration located at Fort Harrison was cutting back on their budget so they decided to put the brakes on the womens' therapy group. Why? Aren't we allowed to work with our husband, brothers and friends to find new hope in their lives and ours. Are we still pay for a war that our men should never be involved in. But we have all been raised "Love Your Country." "Fight for Your Country." Our men did fight and they are still fighting it in their minds and that produces flashbacks, survivors guilt which in turn creates depression with suicidal tendencies all these feelings are in one diagnosis.

Post traumatic stress neurosis disorder.

And living with this, is a war within itself.

Now we are being harassed by Government Officials no program no hope . . . Why? Is it money? There seems to be enough money to help Vietnam refugees. So we do without while the price of peace goes up. What about our men's peace; don't they deserve any? Our children suffer just as badly as we do, maybe more so both mentally and physically. I mean by the toxic sprays used in Vietnam. Our children weren't in Vietnam but their fathers were.

There has been times when one of our men has gone to the V.A. Hospital for medical treatment, therefore this is where I feel the harassment begins. Records that cannot be found or part of the records are misplaced. The long waiting periods to see a doctor just aggravates them, to the point that by the time they get home they are so full of anger that it is vented to the family either through verbal or physical abuse.

That leaves me with one question. How long is it going to go on before anything can be done for our men and our children, before it is too late?

We were given hope with the Helena Guidance Clinic. Our lives started to tilt right again. It's been a long hard beginning for a lot of us. You are here for what purpose? To hear us cry for help. Well listen but not with a deaf ear or ice in your veins but with compassion in your heart. Not only for the Vietnam Veteran but for their wives and most of all for their children who have suffered quietly. Give us a brighter future and new hope but please don't give us false promises.

I have a hell of a lot more to say but it hurts too much for fear that the V.A. Administration will retaliate against them due to my statement.

PREPARED STATEMENT OF MRS. KAREN COLE, WIFE OF VIETNAM VETERAN, BOZEMAN,
MONT.

We have a group, a lifeline, of Vietnam Veterans and their wives. For the first time in ten years, for some of our men, they have friends. Four couples make up the group. Thus we now have other couples, other families to talk with, play with, ask for a hand from. Amazing what a tremendous thing that is—real friendship. And it's founded on a mutual experience . . . War. The Vietnam war has profoundly affected our men and, in turn, their wives and children. The relief because of the group has been remarkable. I can now talk to other women about my situation without having to try to explain my husband and defend the fact that I'm even with him in spite of all his magnified, sporadic anger. They know where it comes from, and they know that there's a lot more person in that body that loves and is loveable. The relief in my husband's face when men really come to the house to see him as friends, and knowing that he or we are welcome at their houses anytime is a new blessing. Emotional emergencies, job crises, marital blow ups, tenuous control of fury over another driver are a part of life that is commonly understood and shared among these men and women. We're there to help each other. There's such acceptance; it is gratifying. Yet there is a healthy recognition of commonly felt problems that need to be confronted, looked at objectively, and dealt with through encouragement and support in our group.

For the men, their moodiness, explosiveness, and general lack of trust are understood first and talked through second. No one in a state of emotional upset has to search out someone who is only willing to listen guardedly. Now there is someone there who knows already, who can genuinely empathize and befriend in the very truest sense of the word.

The need for friendship is so great in each of us that it is an absolute wonder that these men have been able to function at all in their isolation. The self chosen, self protecting, even life sustaining isolation that was the way they survived has robbed them of the healing process that takes acceptance and understanding by both self and others.

Wives have had other lifelines, friends who could help, but never fully understand the situation. Yet still the wives had to be the only support, or lifeline, for the husband. That strain of such a duty is too great a dependency and can't be met by one partner. With no other outlet but the now tenuous husband-wife link, the man tended to cut off more and more simple contacts—phone calls, finding a baby sitter, talking to the landlord. It is too much for the marriage to stand without outside help . . . an escape valve.

Marriage is a pledge to face all of life together . . . built of imponderable things of the spirit; loyalties, memories, imagination, sacrifices, joy, laughter and tears. . . . There is no relationship which is stronger, yet more delicate, than this. . . .

The hard times have strengthened and have nearly torn the marriage apart. The group is helping to mend the wounds in each of us separately, as couples, and as a unit, a support group. We're learning what the positive meaning of "society" can be.

Some of the common emotional issues we talk about and work on in the group are the hair trigger anger over everyday instances, resistance to commitment—sometimes even within the group to the group, fear of physical defects or of defective children, tolerance of others, unrealistic expectations for justice or extreme intolerance of injustice, thinking, "I've done it all and lived, I can handle anything", coupled with resistance to taking responsibility for self or actions, fear of losing, justification for any action because, "I've done the ultimate survival thing," and "I've paid my dues." A soldier's actions are either offensive or defensive, not meditative or feeling oriented—feeling deciphering.

Society hasn't dealt with the returning warriors. And wives are not prepared for dealing with the repercussions that fall to them alone.

Facing the experience of Vietnam together helps the warrior's woundedness heal, the woman understand her man, and the relationship grow. We seem to be searching for a unique kind of peace out of an unusual kind of War.

I'm here today because I hope to help others recognize the "sleeping giant", the very prevalent need that exists in our country today. Recognition, education, understanding, counseling, and acceptance are needed from you in order to reach that unique kind of peace. We must help each other through whatever talents or means we have. For us our group is a good beginning. Only together can we end the War. Thank you for hearing.

PREPARED STATEMENT OF E. W. PFEIFFER, PH. D., PROFESSOR OF ZOOLOGY, UNIVERSITY OF MONTANA, MISSOULA, MONT.

I will make two points before this committee.

First, officials of the U.S. government who were responsible for the herbicide programs in Indochina were criminally negligent: a) in that they did not know the effects of herbicides on living systems when they ordered their use, and b) they did not take actions to insure that both the people who sprayed the herbicides and those who were inadvertently sprayed were properly informed about and protected from the dangers of these chemicals.

Secondly, I will point out that Agent Blue, the herbicide with a large percentage of arsenic in it, may be as dangerous, if not more dangerous, than Agent Orange. Despite this possibility, the Veterans Administration, The National Academy of Sciences, most independent scientists, and concerned people have paid almost no attention to Agent Blue, concentrating instead on Agent Orange.

To consider the first point, Secretary of Defense, Robert McNamara, was criminally negligent when he stated in a memo to the Joint Chiefs of Staff on November 7, 1961, that he believed the spray would not be harmful to livestock or humans. When contacted by the New York Times last January, the same McNamara said, "He was unable to recall the details of defoliation or who ordered or approved it." Dr. John S. Foster, Jr., who directed the Defense Research and Engineering for the Department of Defense stated as late as 1968 that, "Herbicides would not have a long term negative impact on South Viet Nam people or its interests." In 1967 the Department of Defense published a literature survey on the effects of herbicides.

It concluded, "After examining the voluminous toxicity data, we can make the following observations: 1) the direct toxicity hazard to people and animals on the ground is nearly nonexistent." (Midwest Research Institute Report No. 3013-B.) A National Academy of Sciences report published in 1974 states, "Neither RVN nor U.S. officials believed the sprayed chemicals to be harmful in any way to human beings or their domestic animals. This was explicitly stated . . . in a MACV directive '525-1' February 15, 1966." Why were the Department of Defense officials not aware of a paper published by three medical doctors in JAMA, November 7, 1959, which states, "Severe sensory and motor symptoms necessitated hospitalization of three patients. In each case the disorder began some hours after the use of preparations of 2,4-D to kill weeds. The symptoms progressed through a period of days until pain and paralysis were severe. Recovery was incomplete even after the lapse of years. There was little doubt that the neurological damage was done by the percutaneous absorption of spilled 2,4-D. Since there is no antidote or specific treatment for 2,4-D poisoning, this herbicide should be used with caution." How is it that the Department of Defense had never read the statement by Ansul Chemical Company, makers of Agent Blue, which says when an individual is exposed to Blue daily for extended periods, the inspection of skin sensitivity should be supplemented with monthly urinalysis for arsenic.

Symptoms of acute poisoning from Blue are headache, vomiting, diarrhea, stupor, convulsions, general paralysis and death. The dosage required to cause these symptoms may be as little as one ounce per human adult. Secretary of Defense McNamara and Director Dr. John F. Foster, Jr., who were directly responsible for the initiation of the herbicide program were also negligent in not directing that the operation be carried out in a much more careful fashion. For instance, it has been revealed in a recently declassified Air Force history that, "Unintended damage to crops and other vegetation resulted from herbicides which leaked from the herbicide spray plane's nozzles at high altitudes causing wide spread injuries to sensitive plants." According to this history, an additional source of accidental herbicide damage was the emergency dumps of herbicide loads which the Ranch Hand planes made upon experiencing mechanical problems. I was in a village near Bien Hoa about a week following such a dump and most of the trees were dying. The people who lived in the village had received a huge dose of herbicide. It was also the practice of the Air Force, according to its own history, to permit wide spread use of supposedly empty herbicide drums. "However, when herbicides were drained from the drums, as much as 2-3 gallons remained inside. These drums were widely distributed from the two principal Ranch Hand loading points at Danang and Bien Hoa and vaporization of herbicides from these drums caused considerable damage to vegetation. Also the local people, including US personnel, employed the drums as containers for water, diesel fuel and gasoline. The burning of fuel contaminated with herbicides by motorcycles and other vehicles also contributed to the problem."

Let us now deal with point two, the problem of Agent Blue. The U.S. Air Force sprayed more than five million pounds of cacodylic acid, that is Agent Blue, on hun-

dreds of thousands of acres of crop lands which were feeding thousands of people. Agent Blue is over 50 percent arsenic. According to the National Academy of Sciences' study, some inhabitants of central Viet Nam received over 100 gallons of herbicides per person from 1965-1970. The National Academy of Sciences interviewed many villagers from areas heavily sprayed with Agent Blue as well as other chemicals. These people reported, "Widespread skin rashes, cramps, diarrhea, and fevers. Some villagers reported coughing blood." These are most of the symptoms described by Ansul Company for exposure to Blue. A U.S. Forest Service report of April 15, 1974, dealing with use of organic arsenical herbicides states that snow shoe hares and cattle have been found dead in areas in which this herbicide has been used and they present data showing very high levels of arsenic in certain tissues of exposed animals.

They recommend, "Careful supervision is essential to insure that cattle are not exposed to these chemicals (Agent Blue)." The Forest Service furthermore states that, "Tree thinning workers may be exposed to excessive quantities of arsenic. Thinning crews using these materials must be trained to avoid skin contact with the chemical. Protective clothing, including gloves impervious to the chemical solution is most necessary. Water repellent cream should be used on the face and any other skin areas that cannot otherwise be protected. Extreme care should always be used in handling chemicals especially when filling application tools for the danger of spillage is great. Furthermore, facilities must be provided for thorough hand and face washing after periods of chemical use." I doubt whether the Air Force crews that sprayed Agent Blue were required to take such protective measures or even advised of the need for protection procedures.

When I was in South Viet Nam, March 1969, I collected nine soil samples from the Tan Son Nhut Airbase perimeter. This area had been heavily sprayed with Agent Blue. We have finally, after 13 years, found someone who can analyze this for arsenic. After all this time, we have found samples as high as 24 parts per million. The highest I can find in soil samples where this agent has been used by the Forest Service is about 2 parts per million. I urge this committee to request the Department of Defense and the Veterans Administration to investigate the possible short and long term affects of Agent Blue as well as Agent Orange and White on U.S. and Vietnamese people exposed to these chemical agents.

In conclusion, when one combines the culpability of U.S. officials responsible for the herbicide program in Vietnam with current official disregard for diagnosis and treatment of those at risk due to U.S. government negligence, one must consider what is the intent.

STATEMENT OF HON MAX BAUCUS, A U.S. SENATOR FROM THE STATE OF MONTANA

Mr. Chairman, I am very pleased that the House Veterans Affairs Committee has chosen to hold an oversight hearing in Montana, and I appreciate the attendance of both you and Congressman Daschle of South Dakota. I also very much appreciate the efforts of Pat Williams in bringing this body to Montana for the first time. My only regret is that I am not able to join you and participate personally in these proceedings.

I'm sure that many areas of concern about current Veterans Administration services and activities in the State will be addressed today. It is my hope that by revealing these problems, discrepancies, and inconsistencies, we will be better able to provide Montana's veterans the quality of care they deserve.

A typical example of one of these cases involves a 96-year old Montanan who served in both World Wars and Korea. He is bedridden and requires nursing home care, a service provided by a close friend since he has no family. He has served, according to the Veterans Administration, twenty-one years of active duty. This man gets a \$36 check each month from the Veterans Administration.

This is where the problem lies: the 21 years of military duty does not include the time he served during World War I. If it did, he would be eligible for an additional \$100 a month. He is unable to collect this amount now because the Veterans Administration has misplaced the record of his World War I discharge papers. They do, however, have on record his World War I enlistment papers, and the record of his combat injury in France in World War I where he was gassed. The Veterans Administration has had this case for over a month, and is still unable to find the proper records on this gentleman.

Approximately one out of every seven Montanans is a veteran. That's a pretty large piece of the State's population, and an even bigger force for the Veterans Administration to manage in a state as sparsely populated and as large as Montana.

Nonetheless, the Veterans Administration is one of the largest bureaucratic agencies in the federal system, with a budget of \$25.1 billion in the 1982 Fiscal Year, and its designed to handle the needs of rural states.

However, there are problems. My offices in Montana spend considerable time on the phones with the Veterans Administration trying to help veterans solve problems which have developed over their benefits, compensation, medical care, or other services.

Occasional errors are understandable. Lost or misplaced records do happen. However, my state offices each report several cases per week involving similar frustrating experiences. I'm sure the other members of the delegation could report similar occurrences.

Somewhere, something seems to have broken down. There appears to be a lack of communication between the links in this mammoth system.

Lack of communication is a problem which defeats even the most well-oiled mechanism. That is why these oversight hearings are so essential. They point out the difficulties, and direct Congress and the Veterans Administration to the trouble spots. I believe that today's testimony from veteran's groups and the Veterans Administration administrators in Montana will reveal many of the trouble spots in our Veterans Administration system. I expect testimony to be presented indicating that many of our veterans are not receiving the benefits and services that Congress intended. Victims of Agent Orange exposure, vets suffering from post-traumatic stress, and ex-POW's who might have been subjected to germ warfare testing will tell of how they are facing unacceptable levels of difficulty in receiving the care they earned.

I hope that when this hearing draws to a close, we in Congress will be better able to work with the Veterans Administration in making sure that all veterans get the quality of care they deserve. Our veterans need to know that we appreciate their sacrifices and that we are willing to hold up our end of the deal.

Thank you.

STATEMENT OF CHARLES BICKENHEUSER, VIETNAM VETERAN, MISSOULA, MONT.

MISSOULA, MONT., *June 10, 1982.*

Hon. SONNY MONTGOMERY,
Chairman, House Veterans Affairs Committee,
House of Representatives, Washington, D.C.

Dear Sir:

This letter is in regards to VA contract psychiatrist Dr. Moisey, who has a practice in Missoula, Montana. Dr. Moisey interviews some of the veterans who make application for medical benefits as a result of service connected post-traumatic stress disorder, either assumed or diagnosed (by non-VA psychiatrists or psychologists) for the VA center at Ft. Harrison near Helena, Montana. It is the intent of this letter to demonstrate, by recalling for you my personal experience, that Dr. Moisey should not be employed by the VA in any capacity.

On May 12, 1982, I was interviewed by Dr. Moisey in relation to my application for medical benefits. The interview was unprofessional and distasteful.

The VA did not forward to Dr. Moisey pertinent information submitted to Ft. Harrison (at the VA's request) to process my claim.

VA form 10-10—Application for medical benefits; VA form 21-4138—Statement in support of claim; Letter from Dr. Michael Marks (Ph. D.) Psychologist.

Only a blank form, with my name on it, was sent to Dr. Moisey.

The interview lasted one hour and thirty-five minutes during which my entire life history (medical, family, friends, fears, goals, failures, marriage, children, military) was covered from a several page guide that Dr. Moisey used "fill in the blank spaces style." I was interrupted by Dr. Moisey throughout the interview with my average reply being thirty seconds or less in response to his questions. Dr. Moisey seldom looked at me when asking questions and would often say, as he was writing, "Did we already cover that?"

The room was only dimly lighted for the first ninety-five percent of the interview. Dr. Moisey, at the beginning of the interview, did not read the above mentioned information (that I provided him with) at the beginning of the interview. Instead, at the end of the questions and upon my request (made two or three times), Dr. Moisey turned on the lights and read the seven pages (the total of the three items mentioned) in three or four minutes.

Dr. Moisey had no secretary and answered the telephone a number of times during the interview.

It is professional practice to review a person's written medical history before an interview if such information is made available. Dr. Moisey was most reluctant to do this.

Dr. Moisey made me feel like a number, a dollar sign. My feelings at the present, regarding the interview, border on subdued rage. I have been used for the profit of Dr. Moisey.

During the months of January and February, 1982, I was seen and treated by Dr. Marks (Ph. D. Psychologist) in Missoula. His diagnosis was: Post-Traumatic Stress Disorder, Chronic Delayed. Had I been in need of help, as I was earlier this year, my condition would have only been made worse and compounded as a result of the interview with Dr. Moisey. My special thanks to Dr. Marks for his care, interest and insights. The difference between Dr. Marks and Dr. Moisey is the difference between light and dark.

My claim with the VA has been going on for six months now and still nothing has been done. It was the non-federal medical profession that answered an urgent call and responded with appropriate help. The money spent on the Dr. Moisey interview could have been profitably spent on the five sessions that I spent with Dr. Marks. The VA is just throwing away our tax dollars and not helping this veteran who answered his country's call to arms.

I ask you to look into the employment of Dr. Moisey by the VA. It is my opinion that Dr. Moisey should not work for the VA. He is an uncaring profiteer, an insult to the veteran. Certainly the VA, having the interests of the veterans at heart, could find a better doctor to employee other than Dr. Moisey.

Thank you.

CHARLES BICKENHEUSER.

STATEMENT OF WILLIAM CARPENTIER, VIETNAM VETERAN, RONAN, MONT.

My name is William Carpentier, I am a Viet-Nam Veteran and Native American. I have four tours of duty in Viet-Nam. I have been awarded the combat infantrymans badge, bronze star, purple heart, and Army commendation medal.

I have four years of college in sociology and have worked as a counselor on and off the reservation.

I have been unemployed for nine months.

It is my desire to bring to the attention of this committee the plight of the Viet-Nam veteran and especially the Indian veteran here in Montana, in the hope that something will be done to understand and help these veterans.

The plight of the Indian veteran is not a problem that has just manifested itself recently. This problem is more deep rooted into the covert and overt systems of institutional and individual racism.

When one looks at not only the high unemployment rate of veterans in Montana, one looks at the astounding unemployment rate amongst Indian veterans. It is rooted in the historic minority status of the Indian, but also, add the discrimination that all veterans of Viet-Nam have faced in coming or attempting to become a part of society once again.

In a society that receives its cultural training and education from prime time television, it can be of no great surprise that personnel managers and supervisors are unwilling to hire these people. It remains difficult in my mind to present myself to the apparently well educated, sensitively trained health care personnel of the V.A. and see these same prejudices. It is beyond the individual and now a part of the institution which automatically places barriers in front of the Indian veterans.

If it was a case of a person not being able to perform in a position or lacking education enough to fill a position then it would be justifiable in not hiring this person. But when an individual who has not only served his country but also meets criteria for employment sees time after time others less qualified hired over him, he can only come to the conclusion that he is not wanted or expected to become a productive member of society. It is this continuing guilt of fighting a war no one wanted and being made the scapegoat for societies shame in pursuing this war.

More so, in dealing with the Indian veterans problem of readjustment, we see not only the more blatant aspects of racism in competing for state and government jobs off the reservation, but also in care and treatment when an Indian goes to a V.A. hospital.

In a busy work-a-day world it is easier to use prejudices and labels than to approach individuals as individuals. "Treating the whole patient" is a myth of the first three quarters of nursing school. The failure of the myth manifests itself in

small covert and insidious ways, difficult to prove in a manner demanded by the courts.

During her rounds the nurse will avoid asking if the Indian veteran is in pain, "the addict persona" shared by Viet-Nam veterans in general and Indian veterans in particular is well known. Requests for pain medication are seen as a demonstration of the truth of this. If there are no requests, by then the Indian veteran knows better than to ask, then they are seen as stoic and admirable. "They don't feel pain the way we do." Until their blood pressure falls and their toes turn blue enough to see that they are blue, nothing is done.

The Veterans Administration has not accepted that Agent Orange can manifest itself in episodes of violent behavior. Perhaps it isn't true, but the staff believes it is true. When an Indian veteran is anoxic and aggressive it is not seen as a sign of anoxia but is seen as a manifestation of the well known "violence of these people". A person can suffer the symptoms of transient psychotic episode but in Indians it is a cultural trait.

Until the Veterans Administration and society faces the realities and dispenses with the myths these problems will still be a part of us.

Until people and institutions stop their bias and prejudicial actions the maladjusted behavior of the Viet-Nam veteran and especially Indian veterans in the State of Montana shall continue, and it is not just the individual that suffers but his family and friends and in time the society that breeds and condones this treatment.

STATEMENT OF GAIL CLARK, WIFE OF VIETNAM VETERAN, SHELBY, MONT.

My husband, Douglas, is a disabled Vietnam veteran. I am writing on his behalf because he has delayed stress syndrome and finds it impossible to do much of anything.

Basically I want to tell you two things; how my husband became disabled and the treatment he has received from Social Security.

Douglas was a corpsman in the Navy stationed with the Marines. He saw 13 months of straight duty on the Nam front lines, because they were short of corpsman. In his first battle everyone but him was killed and he was trying to keep them alive. Many other gory things happened to him, but these seem to be primary.

He has been declared 100 percent disabled by VA since 1975, but we are having a hellish nightmare with SSI. In 1976 SS was given to him only to be taken away in 1977. We fought for 2 years to get it back, succeeded, and then waited for a year while they lost his check in the computer. That made it 1980. Now in 1982 they're at it again. We openly submitted all of his doctor's reports that state quite clearly he can't work, only to have SS come back with their own interpretations. They have made him well on paper, per usual, and have taken his pension away, again. I will enclose the notice they sent us and also a copy of what the highest SS court had to say about Doug's condition back in 1979, when they gave him back his pension.

The only thing standing between Doug and total collapse is me and quite frankly I'm beginning to feel like a female David taking on the Goliath SS. Unfortunately I have had to take on SS more than once, this makes 3 times in 7 years, whereas David only had one battle.

If your committee has any influence, maybe you could help stop this injustice being done to Douglas. Everytime he is threatened he regresses! One of these days they'll regress him until nothing is left.

Enclosure.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, SOCIAL SECURITY ADMINISTRATION, BUREAU OF HEARINGS AND APPEALS

DECISION OF APPEALS COUNCIL

In the case of: Douglas L. Clark.

Claim for: Continuance of Period of Disability and Disability Insurance Benefits.

This case is before the Appeals Council on the claimant's request for review of the administrative law judge's decision dated January 3, 1979. The administrative law judge held that the claimant's entitlement to a period of disability and to disability insurance benefits ended on November 30, 1977.

The Appeals Council hereby grants the claimant's request for review of the administrative law judge's decision. Since the decision of the Appeals Council is favorable to the claimant, no purpose would be served by giving the usual notice of granting the request for review.

The administrative law judge's statements as to the pertinent provisions of the Social Security Act and the issues in the case are incorporated herein by reference. The Appeals Council does not adopt the inferences, findings, or conclusions of the administrative law judge on the issue of duration of "disability."

The preponderance of evidence supports a finding that the claimant continues to show symptoms compatible with a diagnosis of schizophrenia, undifferentiated type. Accordingly, the Appeals Council is of the opinion that although there is evidence of a partial remission, the claimant's residual functional capacity is such that he is not able to function in any job situation.

After careful consideration of all the evidence of record, including additional evidence not considered by the administrative law judge, the Appeals Council finds that the claimant's "disability" has not ceased.

It is the decision of the Appeals Council that the claimant continues to be entitled to a period of disability and to disability insurance benefits. The decision of the administrative law judge is reversed.

EDWIN C. SATTER III,
Member.

MARILYN W. CARNEY,
Member.

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
SOCIAL SECURITY ADMINISTRATION,
Helena, Mont., June 8, 1982.

DOUGLAS L. CLARK,
Shelby, Mont.

SOCIAL SECURITY NOTICE

Earlier, we wrote to you that we were assisting the Social Security Administration in determining whether you remain eligible to receive monthly benefits. To be eligible for benefits you must be unable to engage in any substantial gainful activity because of your impairment(s).

On behalf of the Social Security Administration, this is to notify you and your wife and children, that based on the evidence now in your file, a determination will have to be made that you have the ability to engage in substantial gainful activity in June, 1982. This proposed determination is being made by an agency of the State and not by the individuals or agencies that furnished reports.

In addition to the evidence submitted in support of your initial claim the following report has been considered:

Northcentral Montana Community Mental Health Center, treatment records from May 28, 1980, to May 26, 1982.

You were initially found to be disabled because of a schizoid personality. You have indicated that you are still unable to work because you have difficulty with stressful situations and your concentration. Our interpretation of the evidence in file shows that you have made very good progress in your therapy at the Mental Health Center. You are of at least average intelligence and able to relate with others. You have a fairly wide range of interests and you are able to take care of at least most of your own personal needs. You are now capable of engaging in your usual daily activities. Though you would experience difficulty in attempting to work in a high stress job, you could expect to succeed in a wide variety of jobs which would not place undue stress on you.

We are giving you the opportunity to present any additional statement or evidence you want to have considered before a determination is made. If you feel that you want to submit a statement or evidence, please send it to us within ten days from receipt of this notice.

If you do not write us within ten days, a formal determination will be made on your continuing entitlement to benefits. It is important that you let us know within 10 days if you want to submit a statement or evidence even though you may need more time to submit it.

When a formal determination is made, you will be notified in writing what the determination is. If it is determined that you have had the ability to engage in substantial gainful activity and therefore that your disability ceased in June, 1982, you will be eligible to receive benefits for the month in which disability ceased and for

each of the 2 months following that month. Accordingly, the last benefit check to which you would be entitled is for the month of August, 1982.

DISABILITY DETERMINATION BUREAU.

STATEMENT OF JOHN C. CORBETT, POLSON, MONT.

In 1974 I was rated 60 percent disabled for a service connected aortic heart disease which required surgical replacement of the aortic valve with a prosthesis. This was done in 1972. This 60 percent rating was an upgrade from 10 percent on their form No. 61-6754 with a notation on Item 6 "you may be entitled to a 100 percent evaluation if your service connected condition causes you to be unemployable."

The Civil Service replied to the Veteran's Administration, on their request, on April 12, 1974, indicating that I was permanently disabled as a result of my heart disease.

In May 1974, the Veteran's increased my disability compensation by stating "you are granted total benefits due to individual unemployability."

I was informed by one of the Montana Veterans Affairs officers, that in his opinion, this type of rating was irreversible.

I received 100 percent disability from May of 1974 until May of 1981. I was not able to work during this time. In May of 1981, I received information that routine review of cases receiving V.A. Comp. at 100 percent based on inability to obtain gainful employment due to service connected disabilities, was being conducted, to establish a continuing entitlement to this rate of compensation. It appeared in the review of 1981, that I was requesting an increase in compensation, when, in fact, I was requesting a continuation of their recommendation seven years prior to this review . . . 100 percent disability due to individual unemployability.

I received an involuntary retirement from the Civil Service Commission, when they could not find a job that I could perform, because of my cardiac condition. This was in 1973. Dr. Gene Kurtz and Dr. G. A. Deittert, both cardiologists, have written many letters to the Veterans' Administration regarding my condition and the V.A. have elected to totally ignore their recommendations. (Copy of Dr. Diettert's latest letter is attached.) Dr. Deittert has also expressed a willingness to testify on my behalf, and this, too, has been ignored.

As part of their routine review, I underwent examinations by VA Doctors. To my knowledge, neither of these Dr.'s were specialists in cardiovascular disease.

Two appeals were granted me—one at Ft. Harrison, Montana, and one at the Veterans' Appeal Board, Washington, D.C. Docket No. 82-04-499, dated April 20, 1982. Both of these appeals contained erroneous information. The one from the Washington, D.C. Appeals Board, stated that I had been receiving 60 percent compensation for several years, which indicated I was requesting compensation increase, then actually, it has not yet been one year since they dropped my compensation from 100 percent to 60 percent.

In summary, I have followed the orders of Dr. Diettert closely. It has been stated that my condition is not expected to improve. Replacement of the artificial valve in my heart could become necessary at any time. Maintaining my present condition requires medication four times daily.

V.A. has quoted 38 CFR wherein they claim that a patient has to be in congestive heart failure to receive 100 percent disability. This should be used as a regulation guideline rather than law.

Copies of the appeal hearings have been made available to the Honorable Pat Williams and your consideration in this matter will be greatly appreciated. In these times of high inflation, it is extremely difficult to lose one third of one's income.

THE WESTERN MONTANA CLINIC,
Missoula, Mont., May 13, 1982.

RICHARD E. ORMAN,
Service Officer, Montana Veterans Affairs Division,
Missoula, Montana 59801

DEAR MR. ORMAN: I am writing again concerning John C. Corbett who has been my patient since 1961. Again, I feel that Mr. Corbett is totally disabled because of cardiac disease.

Mr. Corbett has followed my advice explicitly but because of his condition I do not feel that he can return to gainful employment.

Sincerely,

G. A. DIETERT, M.D.

STATEMENT OF MR. AND MRS. DORN E. CUNNINGHAM, JR., HELENA, MONT.

The following statements are submitted as testimony for the Subcommittee on Oversight and Investigations' hearing being held June 19, 1982 in Helena, Montana on the concerns of Vietnam veterans.

This statement was written by my wife on my behalf. I have read it and agree that my views and concerns have been expressed.

I served in the United States Navy for 10½ years, during which time I served in Vietnam as a military advisor. On May 20, 1980 I was medically discharged from the U.S.N. The medical determination was chronic ulcerative colitis, affected mostly by stress. At that time I was told I would not be capable of performing the duties I had performed in the service, specifically, 1st Class Electrician's Mate. I was also told to contact the V.A. The V.A. in Hawaii was contacted and the proper forms were filled out to have my records transferred to Ft. Harrison, Mt. I was informed by the Hawaii V.A. office that Ft. Harrison would contact me for my next appointment. My records were not transferred nor was an appointment scheduled.

At the time of my last medical examination during service the doctor told me that I would need a complete examination at least once a year for ulcerative colitis.

After locating in Helena, Mt., I notified Ft. Harrison of my local address and waited to be contacted for a medical examination. In November, 1980, I received a letter from Bob Colvin stating, in part, "we will be able to contact you about any necessary future physical examinations." I was never contacted.

On May 19, 1981, I went to Ft. Harrison and on May 20, 1981, was admitted to the hospital due to a massive flareup of the ulcerative colitis. During the previous year I received medication refills through the mail with no contact with doctors. I also suffered 6-12 flareups. My wife could not convince me to go out to the Fort for treatment of these flareups. I felt alienated from the system and the mere thought of re-entering it worsened my condition.

In addition to the ulcerative colitis I also suffer impairment on my left side, i.e., swelling joints, severe pain and other arthritic symptoms, rashes on various parts of my body, boils, and hearing impairment. These complaints are documented in my medical history during service. However, I refrained from seeking further medical help because of the humiliation I feel due to the disrespect of the staff at the Veteran's hospital.

Upon admission to the Ft. Harrison hospital Dr. Muniz was assigned to my case. I was very hopeful of Dr. Muniz's abilities. He immediately changed my medications. I felt very paranoid while in the hospital and wanted to return to the safety of my home.

At one point Dr. Muniz requested that I have a Barium Enema. Because he delayed the test after two days I went through five days of clear liquids during preparation. After the test I was sent home—with no instructions. I felt sure that I was dying while trying to pass the Barium Enema. My bowel movement was at least 2" in diameter and solid as concrete. I screamed in pain and tried to dig the concrete out with my fingers. My wife asked what she could do and I begged for a knife or fork or anything she would give me.

Dr. Muniz offered no explanation for what had happened or why. I felt that he was treating me like dirt. I had questioned his methods and he would not respond. I lost all respect for his medical abilities.

Dr. Muniz next decided that I needed to see a psychologist. The in-house psychologist met with me during my hospital stay. She set up an appointment for Dr. Davis to see me during that time also. He felt that I needed a complete workup and, after being released from the hospital, I began treatment with Dr. Davis at the Helena Comprehensive Guidance Clinic.

In October, 1981, my wife checked on the claim I had filed with the V.A. in June, 1981. The DAV office looked into the case and suddenly, after five months, it took only five days to receive a Notice to Report. This notice states that I must report to Dr. Moisey in Missoula in six days "as a result of your pending claim for disability." It also states that "Entitlement to disability benefits are established on the basis of this examination. . . ." Two days after the first Notice to Report I received another, this time to report to Dr. Prunty in Bozeman in thirteen days. I question why Dr. Davis' diagnosis was accepted for five months and then questioned. I also strongly

object to the language used in letters and notices received from the V.A. It supports my feelings that I am not welcome or wanted at the V.A. While I am merely filing the necessary paperwork to have my case reviewed, the V.A. makes me feel as though I am doing something wrong. I volunteered to serve my country and was guaranteed medical care during and after service regarding medical problems resulting from military service. Now, when it comes time to ask for that help I am treated as a welfare case instead of the true patriot I've tried to be.

After more than five months of treatment with Dr. Davis and the Helen Comprehensive Guidance Clinic the V.A. started to act on my case, with prompting from the DAV and Congressman Williams. I do not believe my case would be adjudicated at this time without this intervention.

The notices and appointments with Drs. Moisey and Prunty created such havoc with my mind and body that I was fired from my job because of excess absenteeism due to illness. I was extremely ill and ill-tempered. I was not capable of driving myself the distances to these doctors and my wife had to drive me.

Dr. Davis declared me unable to work at this time. Although he had been seeing me for more than five months his diagnosis was now being questioned by the V.A. They had to wait for the additional reports before they could adjudicate. My wife tried to keep an eye on my case and make sure it didn't get "lost" again.

On Monday, November 9, 1981, I saw Dr. Prunty in Bozeman. He assured me that the V.A. would have his report by the end of the week. It never arrived and my wife requested that the V.A. Adjudication Office contact Dr. Prunty. They were told it would be put in the mail immediately. Finally, on November 18, 1981, my wife called Dr. Prunty's office and, three long distance phone calls later, she was informed that the report had not been sent because their copy machine was broken. When my wife asked why they didn't use another machine the secretary hung up on her. I am totally amazed that the V.A. does not pay these doctors enough for them to spend 15 cents on a copy. The V.A. was informed of this problem.

On November 23, 1981, we were put in touch with Gary Lewis, a Veterans' Services Officer. All reports had been received and we were informed that a decision would be made in a couple of days. By November 30, 1981, we had still heard nothing and again called Gary Lewis. He said I had been rated, it was waiting to be signed, and I should hear something in one or two days.

I did receive a call from Congressman Williams on December 1, 1981, informing me that I had been rated 70 percent disabled. This eased my mind that action was being taken. It also infuriated me that with the doctors' reports that I was aware of the V.A. saw fit to rate me at only 70 percent disabled.

By December 15, 1981, I had received no notification or compensation from the V.A. We were referred to Roger Novotne in Veterans' Services. He was the first person to take the time to explain the details from the V.A. standpoint. Just getting an honest answer as to how long each step takes and having someone willing to check on the status of my case daily if necessary meant a lot to me. It did not, however, totally alleviate the stress. Roger had discovered that although a decision had been made on November 30, 1981, a typing error had sent the paperwork back to the steno pool where it sat for nine days. This is a case marked urgent and it sat in a typing pool for nine days. Someone, again, was not doing their job.

Through Roger Novotne and Congressman Williams' office I was told about applying for unemployability. To this day I do not understand why I was not told by the V.A. about this option well before my case was adjudicated.

I finally received my first check from the V.A. on December 21, 1981. This was 6½ months after my case was filed and 6 weeks after it was considered urgent by the V.A. This may not seem like a long time as the bureaucratic system goes, but when you are left without a penny to support your family and the people (the V.A.) who were supposed to help don't come through, any amount of time is an eternity.

Roger Novotne called on February 4, 1982, to notify me that I had been rated 100 percent due to unemployability. Roger was very helpful to me and yet my trust in even him was greatly diminished when Bob Colvin undermined his authority to provide information to me.

The additional appointments with outside doctors (Dr. Moisey and Dr. Prunty), as well as each episode with the V.A. has caused me to regress. Every time I feel as though I am making some bit of progress I have to go to another doctor and repeat a life threatening episode. From the time I receive any type of letter from the V.A. until completion of whatever bureaucratic red tape is involved I am totally incapable of living. I become shaky, violently ill, diaretic, etc. I can't stand being around anyone. When I am around people they make me angry enough to kill and when I am alone I feel like killing myself.

I honestly believe that the V.A., and Bob Colvin and Gary Orr in particular, employ these tactics specifically to cause additional stress. I believe they hope I will give up or go off the deep end completely and then they won't have to bother with me.

I would like to specifically thank Roger Novotne, the DAV, Congressman Williams, Dr. Davis, and the Helena Comprehensive Guidance Clinic for their help.

I am grateful that this hearing is being held although it again places me under extreme duress. I no longer can count the number of times I have had to humiliate myself by retelling my story. My physical and mental condition has been the ——— since I started preparing for this hearing. I do not believe that I could sit in the hearing room and be at all coherent. There is no way to explain to you the full extent of my bitterness for the way I've been treated, my hatred for the people who have acted with indifference or dislike towards the Vietnam veteran, my frustration that I gave my life to my country and, although I didn't die in Vietnam, I came home to be one of the living dead.

In the name of God and my country I went to war and managed to break all of the Ten Commandments. I have to live with that the rest of my life, as well as with the thought that I am doomed to eternal damnation, all in the name of God and my country.

This is the last time I will put myself and my wife through this ordeal. I am counting on you, gentlemen. If you cannot help, the V.A. will win.

As you read your newspaper daily, you will see more and more violent acts committed by Vietnam era veterans. Is this what one has to do to end their ordeal (die)?

In addition to the above statement which I wrote for my husband I would like to add some concerns of my own.

I cannot stress enough that the attitude of the personnel at the V.A. hospital has kept my husband from seeking help.

He has kept all scheduled appointments at my insistence. To give you an example of how we are treated I would like to tell you about our experience with Dr. Muniz at Ft. Harrison. My husband requested me to be with him during his admission to the hospital. He feels insecure and paranoid when he has to be at the hospital and wanted me there for support. Dr. Muniz's opinion was that I had no right to be there at all. Dr. Muniz put my husband on five drugs at the same time, before any tests at all were made. All treatment by Dr. Muniz was performed without reference to my husband's medical history during service. We were told that they never received a copy of this record (after the records were requested to be transferred twice), and Dr. Muniz declined my offer to read our copy of this medical history. My husband acted strangely and complained about feeling strange, also.

I tried to question Dr. Muniz, but it was none of my business. Dr. Muniz did not prepare my husband for how these drugs would affect him, nor did he make any attempt to warn of side effects. He did however release my husband from the hospital with instructions to increase one medication, decrease another, and make changes with others as my husband saw fit—with no contact with a doctor. I attempted for two days to contact Dr. Muniz. I was extremely concerned about the effects of these drugs and the changes of the drugs and my husband's behavior. I could not convince my husband to return to the hospital because of the hostility he felt while there.

On the third day of trying to contact Dr. Muniz the nurse who takes his messages told me "off the record" that Dr. Muniz would never return any phone calls unless the caller said it was an emergency. I was scared and worried and finally called again, this time saying it was an emergency. A man identified himself as Dr. Muniz and I explained my concerns. The man then told me that he was not in fact Dr. Muniz and therefore could not comment on my husband's case. He said he would have Dr. Muniz return my call, but would not give me his name. Dr. Muniz never returned any of my calls. I feel that this is totally unprofessional behavior and when I attempted to inform other V.A. personnel I was met headon with doubletalk and complete indifference.

I am also deeply concerned by the fact that we dependents are not eligible for any type of health care. Due to the fact that Bob Colvin has seen fit to apply the term not permanent to all cases involving Post Vietnam Stress as any part of their disability, we are not eligible for CHAMP V. We also do not have the right to go to a military installation and receive care, even though we would be willing to make the trip and wait our turn as active duty personnel are seen first.

We have attempted to enroll in a private insurance plan, but find that it is cost prohibitive. It would cost \$150 per month to enroll and our total income is only \$1075 per month. Therefore, we are forced to pray that our children do not need

emergency care, and in the meantime hope that the rashes that resemble those of my husband do not cause permanent damage to the children.

As I re-read both statements I realize that the suffering we have been through is not expressed deeply enough. How do I express the feelings I have as I watch my husband dying, as I watch the mistreatment he receives by the V.A., as I watch him regress with each hoop the V.A. makes him jump through. There are so many at the V.A., specifically, Dr. Muniz, Bob Colvin, Gary Orr, who deserve to suffer the way they have made my husband suffer. I'd like to know, as well, how many of these people are veterans of any military service or have seen combat of any kind outside of on television.

These statements, as well as all previous paperwork with the V.A. and my husband's case with Social Security, have been written by myself. My husband is not capable of doing this himself. I do not mean to infer that he is not intelligent enough to write a letter. I do mean that at this time, and for quite some time, he has not been able to control his thoughts well enough to put them on paper—he has too much to say and loses track. He is also suffering memory impairment due to the Post Vietnam Stress. He is very lucky that he has had me, so far, to make sure he gets to his appointments and to file the paperwork for him. His is also lucky that I have had the strength, so far, to deal with all of this as well as keeping him from committing suicide or murder. The pressure the V.A. has placed on him by not accepting their responsibility has left him feeling cheated by his country, and the damage done to him is totally immeasurable.

I know that there are many, many Vietnam veterans who will not ask for help for the same reasons you have just heard and for some, from fear that they will lose their jobs. There are just as many who have tried to get help or file a claim and have not been able to cope with the V.A. harassment. They just gave up. I am not just talking in generalities. If you are interested, I am able to give you names of people who have had these problems.

If further details are needed from my husband or myself, please feel free to contact me at my home. There are so many inadequacies in the V.A. system that the above statements are barely a tip of the iceberg. I feel that an outside investigation is definitely warranted. Because of the high level positions held by the people responsible for these problems (Bob Colvin, Gary Orr) the V.A. system is not capable of performing a competent investigation of their own system.

I am requesting confirmation that this written testimony has been entered into record and would like to receive a transcript of the proceedings and this committee's findings and recommendations.

STATEMENT OF GLORIA DAVIS, WIFE OF VIETNAM VETERAN, MISSOULA, MONT.

My name is Gloria Davis, I would like to address this committee today in regard to my recent visits to Fort Harrison. I first went to the Fort on June 7 of this year, because my husband, Glen Davis, inquired on June 3 as to the status of his claim, which was filed in October of 1981 and was told it would be an additional three months before his claim was rated. I then decided I would go to the Fort and try to find out what the delay was and if there was anyway possible to speed up the process because of our personal hardships. I was informed by Mr. Bob Colvin, Adjudication Officer, on June 10 that the delay was due to their waiting for a examination report from Dr. Moisey from Missoula. He told me at that time he would call Dr. Moisey and ask him if he had sent the report to the Fort. On June 11, Mr. Colvin told me he had contacted Dr. Moisey at which time he indicated Dr. Moisey had indeed sent the report and it should arrive Monday, June 14. He then told me that he would arrange an informal hearing on June 14 at 1:00 p.m., so that I could provide the Adjudication Board with a personal statement to be included in Glen's file.

On June 17, Mr. Gary Lewis from the Veteran Benefits Office called me and informed me that there was a delay in processing Glen's claim any further due to the fact there was a confliction between the evaluation reports they had acquired. He then went on to say that procedures required them to obtain a evaluation report from another VA facility, namely, Salt Lake City, Utah or Sheridan, Wyoming. I became very upset and went to the Fort to see if I could find out exactly what the confliction was. I first talked to Mr. John Sloan from D.A.V. and informed him of the situation, he then in turn called Mr. Colvin. He asked Mr. Colvin what would be done if my husband did not go, because I was very worried about his state of mind at this time. Mr. Colvin then informed Mr. Sloan no further action would be taken to process my husband's claim. I then learned Dr. Moisey was at Fort Harrison and I asked to speak to him. During our conversation I asked Dr. Moisey about Mr. Col-

vin's telephone call to him in regard to his evaluation report on my husband. At which time Dr. Moisey told me he had never received a telephone call, never sent in a evaluation report, and had never met Mr. Colvin. He then told me after he interviewed persons at the Fort he put his evaluation on a dictaphone and he knew not what the procedure was thereafter, but he assumed it went to the typing pool within Fort Harrison.

Needless to say, I was appalled. I could not believe that I had intentionally been misled, but in fact, I had. I then asked Dr. Moisey if he could explain his evaluation report he had given on Glen to me and also explain his conflicting views with the other evaluation reports contained in Glen's file. He said he would be happy to do so. We could not locate Glen's file at that time and I asked him to do so the following day. The next day we obtained Glen's file and he explained his evaluation to me. After doing so he continued to go through the file and then said he could not find any other evaluation reports from other doctors. He told me if there had been a conclusive report from another doctor he could have used it to acquire more background information about Glen that would have been very helpful to him. I called Dr. Davis' office because he had several appointments at the Fort and asked if he would please bring copies of his reports on Glen so that Dr. Moisey could read them. He did so and I gave the reports to Dr. Moisey to read. After he read them he then stated that he had seen a letter from the Adjudication Board requesting additional information and that these reports answered all questions that were asked in the letter.

I then talked to Mr. Gary Orr, Administrator of Medical Services and asked him why these reports were not available in Glen's file. He stated he did not specifically know why but he then made 2 sets of copies of the reports and assured me that he would see that they were included immediately. He then took the second copy of the reports and presented them to Mr. Colvin. He informed me that upon receiving the reports Mr. Colvin presented them to the Adjudication Board. I tried to see Mr. Colvin but was told he had left for the day, so I spoke with Mr. Palmer, Mr. Colvin's assistant. I asked him why these reports were not in Glen's file. He then stated that they did not withhold any information and suggested that Dr. Davis's office had not sent the reports to the Fort.

When I called Dr. Davis's office and requested the reports, I asked the secretary when the reports had been sent and she was able to give specific dates. I am certain that the Adjudication Department could not do that. Whenever you need any information they are never able to find a file. My two weeks of going to the Fort has been a nightmare. Lies, deception, and deviation are their policies. If I were to tell you of all the misconstrued information that I have received from Fort Harrison within the past two weeks, I would be the only speaker at this hearing. They repeatedly fail to realize that they are dealing with men who are virtually time bombs and when pushed and harassed as they are at Fort Harrison are liable to explode at any moment. These men need understanding not cynical harassment.

JULY 8, 1982.

Ms. YVONNE D. DAVIS,
Office Manager, Helena Comprehensive Guidance Clinic, Helena, Mont.

DEAR Ms. DAVIS: Thank you for your very detailed letter regarding Vietnam veterans and the Fort Harrison Veterans' Administration Regional Office.

I hope that the hearing our Subcommittee on Oversight and Investigations, as well as requests to the VA Central Office in Washington, will bring about an improvement in the relationship between Vietnam veterans and VA personnel at Fort Harrison.

I note your request that your letter be included in the Congressional record. I assume you are requesting that it be included in the record of the Subcommittee on Oversight and Investigations hearing held in Helena on June 19th. I will be happy to include it in that hearing record.

Again, my thanks for your very thoughtful letter.

Sincerely,

G. V. (SONNY) MONTGOMERY,
Chairman.

HELENA COMPREHENSIVE GUIDANCE CLINIC,
Helena, Mont., June 29, 1982.

G. V. (SONNY) MONTGOMERY,
Chairman, U.S. House of Veterans' Affairs, Cannon House Office Building, Washington, D.C.

DEAR REPRESENTATIVE MONTGOMERY: Enclosed please find a document which contains my observations and opinions regarding the current situation with the Veterans' Administration.

I hope this information may shed some further light on these problems. Copies of this document enclosed will also be sent to Congressman Pat Williams, Congressman Daschle as well as Frank Caldwell and Bob Colvin at the Veterans' Administration.

Thank you for your consideration.

Sincerely,

YVONNE D. DAVIS, *Office Manager.*

STATEMENT OF MR. YVONNE D. DAVIS

"HELL ON EARTH"

No one knows "hell on earth" like the victims of Vietnam, namely the Veterans. To have fought for ones country, risking life and limb only to be discarded like yesterday's paper, unfortunately has been the experience of the Vietnam veterans. These veterans of Vietnam, whether having enlisted or drafted did their best to fight for "life, liberty and the pursuit of happiness" for a country and government in a war most of society either chooses to forget or does not understand.

The unbelievable experiences which occurred while there would make anyone after reading them shutter in horror and disbelief. "Society" is so naive that they can't conceive of the idea that human beings actually inflict such terror, trauma and misery on other human beings. Stories of day in and day out life threatening situations, having to be constantly alert of every step you take, all the while knowing it could be your last because of mines, booby traps, ambushes, sniper fire, a smiling child armed with grenades this/her parents have placed on him/her, mortar attacks, rocket attacks, bombs and other explosive devices manufactured for the sole purpose of destruction were part of a daily routine for these veterans, not only from the enemy but also from the "friendly forces" through a lack of communication of positions, strategies and procedures.

To be able to rise above the death of human beings, knowing that the barrage of bullets coming from your gun that you fired are ending the lives of old and young, women and children and knowing that if you don't kill them, they will kill you, is an experience no one ever wants to experience but unfortunately many have because of the war. Orders are sent down and must be obeyed.

In order to survive one must be alert and along with this is the requirement that one must dehumanize oneself in order to rise above the feelings of fear, horror, personal loss of comrades, commanders, women, children, old people, in short, anyone who has the unfortunate consequence of dying by violence and mutilation. Deaths were not always instant and painless and many suffered slow agonizing pain and strangled in their own blood or deliriously bled to death but having enough consciousness to look down and see that part of their body had been blown off and is lying 50 to 100 feet away still jerking from the severed nerves reacting to the sudden shock of amputation. To look over next to you or behind you and find that the "buddy" you had just spoken to seconds before or who had given you an encouraging remark is now lying motionless in the dirt with nothing physically identifying him except perhaps a dog tag lying nearby has to be an unbearable trauma for any human being to endure. If this sounds like a lot of sensationalism designed to attract attention, I regret to say, unfortunately it is reality, a reality of war.

Imagine yourself, an average American citizen, being placed in an eternal nightmare in which you are walking a tight rope between life and death, having to sit on the body of a dead Vietnamese woman in the torrential rain because it is the only dry place you can find, being held prisoner by the enemy and told every day you are going to die, or if anyone tries to escape, everyone will be shot to death by a firing squad, being placed in the hold of an enemy ship designed to be a decoy, knowing that any second your life will be blown to bits by your own army, experiencing the trauma of jumping out of an aircraft at 2,500 feet only to find that your parachute is malfunctioning and won't open, having your jaw blown off, seeing some young inexperienced soldiers placing mines in a pit and them not knowing enough about the type of mine they are using to know that it has a delayed response and going

over to inspect it to see what went wrong, suddenly being decapitated by the explosion.

Unfortunately, these "nightmares" were a way of life for many Vietnam veterans and nightmares they have never been able to awaken from. The trauma was so great, so intense, so constant, so horrifying, so agonizing and unbearable that it has left a life-long lasting impression on these unfortunate and misery ridden individuals. Traumas so intense that environmental reminders such as certain smells, temperatures, sounds of helicopters, firecrackers, cars backfiring, TV shows of war and violence, sensations, all, no matter how intense or slight can trigger flashbacks in an instant which renders the individual irresponsible for his behavior or actions. One veteran was rendered completely immobilized after hearing the every day sound of a typewriter which sounded like machine gun fire to him and sent him into an hysterical state in which he had completely decompensated.

These individuals, because of their tremendous losses of comrades, as well as witnessing the death and destruction of the enemy and civilians are now unable to cope with even the mere thought of losing anyone else. Consequently, they distance themselves from all people, including wives and children if they have been fortunate enough to have found a mate, parents, grandparents, friends who were once so close, acquaintances, aunts, uncles, anyone who symbolizes an emotional tie, they must distance themselves from them. The fear of losing their senses, losing control over emotions, exhibiting bizarre behavior becomes so great. The fear of embarrassment, being labeled as crazy, insane or a nut has driven them into isolation from society and even from themselves. The relatives and friends who once knew them the way they used to be before the war are suddenly facing a stranger, another person inside the shell of an individual who only physically resembles that individual they once knew and loved and who once knew and loved them.

Most people can relate to the memory of a traumatic experience. If something has happened to them which caused them misery or anguish, most likely they will never really ever forget it. If something reminds them of the situation, they remember the feelings they had and relive the event to some degree. Even one experience lasting only a few minutes or hours can leave a lasting impression on someone. Consequently, if someone has been subjected to traumatic situations one day after the other, for months and months and even years, common sense would show that the residual effects would not only be more intense but longer lasting. Such is the result of the Vietnam war on our veterans. I use the term our veterans because despite what the government or the Veterans' Administration wants to try to push aside or hide in a closet, they are our veterans. They fought and died for us so that we could enjoy the freedoms we do. While we were at home, growing up, going to school, planning our futures, enjoying the creature comforts of everyday life, dating, getting married, forming our value systems, goals and ideals, these 18 to 25 year olds were far away being taught to kill other human beings, fighting in order to preserve our freedom to do just these very things.

Because of the traumas and unbearable circumstances they faced while fighting in Vietnam, many turned to alcohol and drugs to help "self-medicate" themselves in the form of an escape mechanism from the continuous nightmare and terror in which they existed. To complicate matters, when they were sent home, they never went through a debriefing period or any time for readjusting to the stark difference between the situation they had just left and the situation they were about to encounter. As a result, many could not cope, they could not fit into society, they were looked on as murderers, alcoholics and junkies, unfit citizens in society, in short, misfits. They suffered severe emotional problems, lost respect and trust for authority figures of society and government and anyone for that matter, seeing "society" as nothing but a lot of plastic, insincere people who cared for no one but themselves and not appreciating the fact that these veterans who survived as well as those who died had risked and lost their lives for a lot of people who didn't give a damn about what they had gone through. They traumatized their families with bizarre behavior, some committed suicide (reports indicate that a larger number of veterans have committed suicide since the Vietnam war than were killed during the war), homicide and various crimes inflicted physical as well as verbal abuse on their wives and children and families, could not cope with any stress whatsoever, consequently being unable to obtain and maintain gainful employment for any significant period of time. They are unable to make friends, to socialize or to be in crowded areas.

These veterans often have sleep disturbances, sometimes being unable to sleep or afraid to sleep fearing that they will have another nightmare and perhaps killing or injuring anyone who tries to awaken them from it whether it be wife, child or friend. If they are able to get to sleep, many experience early morning awakening or waking in the middle of the night in a cold sweat and then are unable to get back to

sleep. The morning brings a sense of foreboding about the coming day as these miserable individuals have nothing, they feel, to look forward to. Their life is nothing but misery, anger, fear, pain, depression and anxiety. They have lost interest in things that used to be interesting to them and find no pleasure whatsoever in anything in life. They experience guilt over the fact that they survived when others did not, guilt over comrades left behind and not knowing what ever happened to them and being unable to bring themselves to try to find out what happened to these individuals they once served with. They have a death wish, a wish to end the pain and misery they are constantly existing in.

These individuals also experience startle responses in that if they are approached unexpectedly from behind and tapped on the shoulder, for instance, they immediately would assume a position to defend themselves by using survival techniques. Loud noises, telephones ringing, unexpected appearances of people coming through doors, even sudden changes in voice pitches or intensities are other common examples of environmental stimuli which have been known to trigger these startle responses causing a fight or flight reaction in these individuals.

There is also trauma for the wives of the veterans as they live day to day in fear that something will trigger the time bomb ticking inside their husbands and that they will commit suicide or homicide, a fear so great that even their husbands leaving the house for a short period of time can send them into a frenzy worrying about whether or not their husbands will return alive or dead. This also causes a traumatic affect upon the children as well for their home environment is not a stable, safe, serene, loving environment but one of constant turmoil and uncertainty which in turn may lead to serious emotional problems. Experience has shown that many children experience nightmares themselves, problems in concentrating on their school work, becoming behavioral problems in school and at home, having few friends because they are afraid to bring anyone home for fear their "daddy will go off the deep end" and consequently these are lonely and miserable children themselves.

These veterans, along with their wives and children are still fighting the war. Only now the enemy isn't the Vietcong, it is the Veterans' Administration at Fort Harrison, Montana.

Over approximately a one-year period, experience has shown that intense psychotherapy for these veterans, individual as well as group therapy for them and their wives, marriage and family therapy and chemotherapy has been extremely helpful in assisting them, their wives and families to be able to begin to bring their lives back together, start over and even begin to actually enjoy life to a certain extent. This therapy has saved many lives as well as marriages and has been a "life line" to many disturbed veterans and their families. The interruption of therapy or environmental stresses designed to undermine this therapy only serves to set back the progress already made. Harassment from the Veterans' Administration in the form of many types of annoyances such as letters to veterans from the Veterans' Administration holding up the adjudication process, denying claims, sending veterans to numerous doctors for second, third and forth opinions which leads one to believe they are searching for the diagnosis they want instead of the documented evidence of very competent, reputable and well-qualified therapists, sending them long distances either out of city or even out of state to obtain these surplus opinions only causes unnecessary and unbearable stress for the veterans which causes them to decompensate to such a degree that in some instances they have had to be hospitalized, because they can no longer cope with the continuous and unrelenting insensitivity, inhuman harassment and degrading treatment by the Veterans' Administration. The Veterans' Administration does not believe anything said by or for the veterans and will go to great lengths it appears to try to discredit any evidence or anyone presenting evidence that these individuals are indeed suffering from Post Traumatic Stress Disorder, the symptoms of which are described above in great detail.

These veterans are crying out for help. They don't want pity, they want something that will do them some good. They want action and not bureaucratic red tape that keeps them waiting years before they can get adjudicated and consequently get on with their lives. They have found help in the therapy provided for them in a private clinic. The problem, however, is that the Veterans' Administration, instead of cooperating and communicating on a professional level, insists on continuously harassing the veterans as well as the clinic and as a result undermines the therapeutic process. If it had not been for the intervention of these dedicated individuals to provide intensive therapy for these miserable veterans, there is more than a good chance that the Veterans' Administration would not even be standing today but would be a pile of broken rubble as a result of someone becoming so overwhelmed by the stress the VA causes them that they actually bombed the place. Time and

time again these veterans have vivid imagery of retaliation against certain individuals at the VA who they feel are playing God with their lives and keep them in the bondage they now experience emotionally.

It is obvious that some VA officials at Fort Harrison are of the opinion that the veterans are solely interested in the monetary rewards of the VA. This is certainly not the case. These veterans are embarrassed to have to ask for financial help, it is degrading to them. Most have a very strong work ethic and feel very guilty and worthless if they are not gainfully employed and providing for themselves and their families.

What the veterans are merely asking for is the financial aid to help "make ends meet" coupled with the intensive therapy they so dearly need in order to work through their emotional problems and become "normal" again so that they can go out and work for a living and provide for their families themselves. They don't want to be leeches on society or charity cases and feel very badly about having to beg for financial help from the VA. The term "beg" is used because they meet with constant resistance when attempting to deal with the VA to receive the benefits they not only need but by law are entitled to as well.

It appears that the VA is only concerned about the money paid out to these veterans, when finally adjudicated, and the money owed but reluctantly and sporadically paid to therapists who are trying to help these veterans to "get their heads together" and consequently their lives together. If the VA would only realize that if they would stop harassing the veterans, give them the financial help they need, authorize and pay for their mental health services and stop pulling the rug out from under them with absurd, ludicrous insensitivity just when they are beginning to show some sort of recovery and progress, the VA would end up saving many many of their precious dollars in the long run because every time they harass the veterans or cause undue stress with their attitudes and behaviors, this causes a barrage of phone calls and unexpected appearances in the clinic from the veterans needing emergency appointments (costing the VA more money for additional appointments), hysterically relating that if they can't see someone in the clinic for therapy immediately, they are afraid they will either hurt someone or kill themselves. Calls have also been received from frantic wives in despair indicating their husbands are on the brink of self destruction and pleading for immediate help for their husbands. These are not idle threats or childish tantrums, they are very real and probable possibilities that could very easily happen because these men are desperate and they are desperately seeking some sort of relief from the constant stress they live under, compounded by the stress which is brought on by the VA. The attitudes and behaviors of the VA would lead one to believe that they actually enjoy seeing the veterans suffer secondary to the multitude of documented substantiated evidence in the form of extensive psychiatric examinations as well as complete batteries of psychological testing and social histories obtaining information from veterans, their wives and children as well as other relatives, friends or even employers, along with psychiatric updates and letters on patient status which appears to be completely ignored and which they apparently attempt to discredit.

Many times the therapeutic process and progress has had to be interrupted and old ground recovered over and over again which had at one point been worked through and resolved to a certain degree, because of this "rug" having been pulled out from under the veterans by the VA.

The present staff of officials at the VA, in my opinion, spend more time, energy and money in trying to find ways not to help the veterans than in executing their responsibilities to do the job they are supposed to be employed to do and that is to help the veterans. After all, it is supposed to be the "Veterans' Administration, at least that is their identifying name but in reality it certainly appears to be the "Anti-Veterans' Administration from past and present experience.

The mere existence of the organization for Disabled American Veterans, known as the D.A.V. is further evidence of the obvious irresponsible behavior or the VA in that there would not even be a need for the D.A.V. if the VA were doing its proper job.

The solution to this problem is a very simple one. The Congressional Committee, after hearing and hopefully understanding the many complaints by the veterans against the Veterans' Administration at the June 19, 1982 Congressional Hearing for Veterans' Affairs as well as receiving the multitude of testimonies to be included in the Congressional Record, should seriously consider "cleaning house" at the VA and employing the kind of personnel who are dedicated to the purpose of helping the kind of personnel who are dedicated to the purpose of helping the veterans, and therefore serving the purpose of the VA which is to aid these people in misery. It is a shame, in my opinion, that there was ever the necessity to have a Congressional

Hearing on this matter. To have to go to your Congress in order to get the help that by law should be available, is evidence in itself of the gross negligence and irresponsible behavior which exists in the Veterans' Administration system.

In all my years of working in the field of mental health which amounts to approximately 6½ years, I have never seen such an unfortunate group of citizens, citizens of this country who feel they really have no country because the country and government they fought for has done nothing but degrade them, take away any particle of human dignity they once had and turned them into bitter, miserable, lonely, anxiety ridden and depressed masses of human flesh who are tired of existing in the "hell on earth" they have experienced since the Vietnam war. It is time to reverse this cycle and begin to recognize the dire need and act accordingly. These veterans are certainly worth the effort and deserve a chance to live like human beings once again.

After years and years of unrelenting misery, torment, immobilization and isolation, to see veterans actually smile and laugh, hug their wives and children, attempt further education to enable themselves to become productive citizens with something to contribute to society after just one year of intensive therapy is no doubt substantial evidence supporting the success of this therapy and a favorable prognosis for the future for these individuals if and only if the harassment and unbelievable disregard for them by the VA stops.

I have been a witness to this over the past year myself and am appalled at the consequences the treatment of the VA has caused for these unfortunate human beings, our Veterans of Vietnam. They fought to save our future, it is time for us to fight to save theirs.

The above statements are a result of having worked in the private clinic, having typed numerous reports and various correspondence on behalf of these veterans, dealing with the VA through phone calls and correspondence, observations of situations and in participating in attempts to somehow calm down and make comfortable if possible the victims mentioned above on several occasions. I have utmost respect and compassion for these veterans, their wives and families and consider myself honored to be associated with them.

I hope this information is helpful to you in your much needed and sincerely requested consideration and assistance in this most urgent situation. I would be more than happy to further explain any statements made in this document and also wish this to be included in the Congressional Record.

STATEMENT OF WILLIAM D. DERRICK, VIETNAM WAR VETERAN, HELENA, MONT.

I wanted to present this testimony in person at your hearing, but was told "Oral testimony would be received by invitation only". In that light, I will try to write out my problems and complaints.

I was drafted into the U.S. Army in June of 1967. After serving ten months as a tank gunner, I re-enlisted for a six year tour and became an air defense fire distribution controller (for ARADCOM.). I was guaranteed a thirteen month tour in the States. During this time I studied a lot and learned my job very well. I was written up for "Outstanding Performance During a Defense Combat Evaluation" in the ARADCOM Journal of 1969. In September of 1969 I was levied to South Korea with a 1,500 man Reserve force to be moved into Vietnam if needed.

In early December of 1969, I started losing weight and having diarrhea five to ten times a day. By January 20, 1970 I had dropped in weight from 177 pounds to 118 pounds. I had increased from ten to twenty to thirty bowel movements per day. The doctor at the base camp decided finally that I was sick enough to send me to the hospital in Seoul, Korea. I was placed inside a sleeping bag and into the back of a mail truck and driven over a chuck-holed road for six hours to Seoul. At this time I had no control over my bowels. By the time I got to the hospital the sleeping bag was full of diarrhea. I spent thirty days in this hospital. On February 25, 1970 I was air-evacuated through Japan to a staging area in southern Illinois, then to Irwin Army Hospital, Fort Riley, Kansas. I spent a month there, but because of the nature of my problem, they could not adequately treat me. I was transferred to Fitzsimmons General Hospital, Denver, Colorado.

I was diagnosed as having a disease called Crohn's Disease, which is incurable and not known how it is caused. After six months of hospitalization which included numerous experimental drugs which none of helped, the attack of this disease started into remission. I started gaining back my weight slowly and the diarrhea had calmed down to three to five times a day. I was told that I was no longer fit for

further military service and was placed on the temporary disabled retirement list. I was discharged from the hospital and sent home to my wife and two children.

The return home wasn't an easy one. The experience of the Vietnam war and the orient was hard and changed me physically, mentally and emotionally. During my eight months in the Army hospital system I was a guinea pig for numerous drugs that had no beneficial effects on me. Except that they altered my thinking and reasoning ability and changed my personality. After being home for three months, my wife and two children filed for divorce from me. She claimed that I was a totally different person than she had married. We got divorced, I had tried a couple of jobs at drafting which was my trade before being drafted, but the disease and the combined effects of my mental state caused a nervousness that would not permit me to hold that kind of a job.

I tried going to school, but was not adjusted to being a student. I then became a bartender. I had stopped taking the drugs (Thorazine), it depressed me too much, but I still had the cramps and nausea. I started drinking and smoking marijuana. It stopped all the pain.

In the spring of 1972, I was sent to Madigan General Hospital in Tacoma, Washington for a two week re-evaluation physical. The results of this were that I had not changed in health status. Because I was truthful about the alcohol and marijuana, I was diagnosed a schizo-effective personality disorder. I returned to Montana, got married again, had another child, moved back to Nebraska, started school again, all with no success. I tried a few different jobs, but failed at most. In spring of 1974, I was sent to Irwin Army Hospital, Fort Riley, Kansas, for another re-evaluation physical. After two weeks of the same painful tests it was decided that I was permanently disabled with Crohn's Disease. The Army offered to retire me with a ten percent rating. I chose to waive the retirement and took a severance pay. I applied to the VA for a rating and they classified me at thirty percent disabled for Crohn's Disease. They explained that their denial of benefits (a period of almost three years) would pay back the severance pay that I had received from the Army.

In 1974, my second wife decided that my mental attitude and goals were not competitive or compatible with hers, so we were divorced. I moved back to Montana, resumed bartending and odd bus driving jobs. I continued to complain about cramps and nausea, but the drugs I would be prescribed did nothing to alleviate the pain and discomfort. So I continued drinking and smoking. It was the only relief I could get. I met another woman in 1976. We got married and had another child. The marriage lasted approximately one year. We were divorced in 1977. That same year I started receiving monthly disability checks for thirty percent disabled. The payment at that time was about \$79.00. I continued in various jobs, none of which lasted more than two months. My attitude was bad.

In 1978, I met my present wife. We moved to Helena in 1979. I quit drinking and got out of the bar business. I drove a school bus for \$10.00 a day. That lasted one month and I got another job driving school bus that paid \$600.00 a month. That lasted seven months. I had applied for a job as an engineering draftsman with the Helena National Forest. Surprisingly enough I was hired in 1980. Soon after I started losing weight again and having a considerable amount of diarrhea daily. I went to the VA hospital at Fort Harrison. I complained about my problems. They assigned me to the care of my condition with a Dr. Kenneth Eden. He put me on a drug therapy program using (Prednisone) starting with small doses at first. This drug surprisingly enough stopped the cramps. (The first time in ten years without alcohol or smoke). I would be on it for a month then off it for a month then on again for a month then off again for two weeks, and this went on until May 1981. During this time I was on a liquid diet for almost a year. I used up all of my sick leave, annual leave and eventually had to be off work one, two and sometimes three days a week on leave without pay status. I would get off on Friday and lay down on the couch and be horizontal until Monday when it was time to try to get back to work and this went on for a full year. I eventually had to borrow advance sick leave in the sum of 240 hours that's what got me through the surgery, but then that ran out and I was on leave without pay again. That is until the 100 percent status finally reached me which took about three months.

On June 15, 1981, I was admitted to the emergency room at the local hospital. I was seen by Dr. Eden and was transferred to the VA Medical Center, Fort Harrison, Montana. I was having the peak of a two year attack of Crohn's Disease, and it was a bad attack I had to be fed by I.V. with a gastric tube down my nose for one and one half weeks. The I.V.'s continued for two more weeks.

In 1979, I married again for the fourth time. We had a child, and I am raising my wife's daughter from a prior marriage. They have had to put up with all the misery of this disease as much if not more than myself.

After being in the hospital for almost a month it was decided by the medical staff that they knew very little about Crohn's Disease and it was decided to send me to the specialists at the VA Medical Center, Salt Lake City, Utah. There I found out that I had only two options, surgery to remove the diseased intestines, or experiment with another drug that was experimental for Crohn's Disease patients, and primarily used in cancer treatments. It was called "Imuran". The specialists informed me that I could no longer be helped with Prednisone because the dosage level was getting too high to stop the pain and cramping. If I had stayed on the drug I had a chance of getting a different disease, which was drug induced called irreversible bone marrow depreciation. It is incurable and would have infected my back or/and my legs within six months and I would have been confined to a wheelchair the rest of my life.

My decision was to have the surgery. But I was overpowered by the medical staff that opposed the surgery because the success rate was only 50/50 and if I was in the 50 percent success for the surgery, that the odds of not returning for more and more surgery was only 90/10. I had to go through the Imuran drug treatment for six more weeks but at that end there were not positive results. (After they took me off the drug it wasn't twelve hours later and the cramps were back. It was then decided to go into surgery. On August 20, 1981, they opened my stomach up with a nine-ten inch incision. They remove 10 inches of my small intestine (terminal ileum), the ileocecal valve, the cecum, and my appendix. I had adhesions formed throughout my intestinal track that should have been removed years ago. After surgery I was being fed by I.V. and six days later it was decided to pull the I.V. and put me on a light liquid diet. Which was standard procedure for intestinal surgery after you pass gas. They also changed the drugs from I.V. to oral. At about 7:00 p.m. the order was given to administer the same amount of drugs that had been going into my arm, but instead by pills and capsules (12 of them). I was told to take them all, reluctantly I did. At about 9:00 p.m., I started cramping and my stomach area was severely extended. They took me to X-ray and ten hours later the doctors decided to operate again, as it appeared that the new value that was made between my ileum and colon was leaking. They also had me sign a release before surgery to consent to the installation of an ileostomy if they could not fix the leak. When I woke up from surgery, I had two drains coming out of my right side and a stomach tube down my nose. They operated and found nothing. This was senseless surgery that did nothing and that was incompetent on the surgeon's part.

Three days later I was trying to find out from the V.A. in Montana by phone what had happened to my disability check. So I could give it to my wife, to feed and shelter them. (I had moved them down with me to an area close to the hospital because I was informed that depending on the outcome of the surgery if it went bad I could die or possibly be a permanent resident of the hospital for the rest of my life.) But anyway because I was recuperating from the second surgery, my wife got on the phone with the V.A. benefits counselor at Fort Harrison. He said he had done all that he could. She asked what she could do to feed and shelter the family in Salt Lake, and he says "Go on welfare." We borrowed from my parents and made it through that crisis. After about two weeks, I was released from the hospital with nothing we rested a few days then proceeded to move by unhaul my belongings and family back to Helena, Montana.

I was finally rated 100 percent disabled from June 15, 1981 through the surgery and with a convalescent period to the end of the year. In January, 1982 I was brought into the hospital for a physical by a doctor that again knows very little if any about Crohns Disease problems. And from his findings rerated back to 30 percent. Prior to this I went through my work insurance program and the local hospital and had a hemorrhoidectomy performed to alleviate some more problem. The reason for not going through the VA was because of time, two weeks this way and three to six weeks the VA route. I still owe the surgeon \$465.00 for his time that I think the Va should pay for since the hemorrhoids are also service connected at zero.

On March 22, 1982, I received the decision from the VA adjudication section re-evaluating me to 30 percent with another review in one year. The decision is based on the law that if the rating sheets do not apply to a particular disease then they classify it to the closest disease that resembles it. The Montana VA says it is best described and associated with an irritable colon syndrome. That is false. It more closely resembles cancer, as it isn't gone and its hiding somewhere inside of me. The chances of its attacking some other organ or my whole body is 90 percent. I have to live with that for the rest of my life, however long that may be. In addition, the dosage of the drug prednisone and imuran that I was on throughout the two years prior to and including the surgery has totally knocked out my immunity system.

The doctors in Salt Lake, the specialists cant tell me if I ever will have immunity to anything again. Since the surgery, I have had 7 colds (1-2 weeks duration), one case of bronchitis, and what I think was the flu for 2 weeks. Also because of the areas of the terminal ilium that was removed, I have no way of binding together the food that goes into me without the use of a drug called questran four times a day. This stops the diarrhea for three to four days a week, but when it is stopped I belch a very unfavorable taste until I finally vomit from the pressure in my system. I also have to get a vitamin B-12 injection once a month for the rest of my life.

In conclusion; it should not be hard to see, I have had some injustice and it deserves to be corrected. I believe that the way my life is now I am disabled at least 60 percent. And because of the twelve years that the Army and VA hospitals have treated this service connected disease and experimented with me that at age 36 years old in employability, I am at least 10 years behind my peers and should be rated 100 percent disabled for purposes of employability. I believe that from September 1980, I have been 100 percent disabled, not 30 percent and that I should receive retroactive disability pay from that time. I feel this way because of all the time lost from work and my ability to do the job and get promoted. I have enclosed some of the correspondence with the VA along with some medical facts about Crohns Disease that I feel warrant some further consideration. I hope that what I have said can be investigated and be of help to you, Mr. Williams, the committee, and the VA in understanding what I am dealing with so that it will enable all of you to help me if you can.

STATEMENT OF TERRY M. DOTSON, VIETNAM VETERAN, HELENA, MONT.

Please accept into the record the enclosed copy of my letter to director, VAMROC, Ft. Harrison and their reply.

I wish to state that, in this particular grievance (with Ft. Harrison's fee basis unit), I was totally dissatisfied with 1) the initial "triggering" incident—handled 100 percent tactlessly and even improperly—and 2) the insubstantial reply—long in coming, too short, not addressed to my grievance with the employee in question, and not satisfactory! Brushing me off with a pat on the head and (probably) insincere apology (semi-apology, actually). That is the feeling I had when I finally got a reply.

This is my major personal grievance with Ft. Harrison. But I, too, am adversely affected by attempts to destroy the vets "help" group at the Comprehensive Guidance Clinic and am bitterly angry thereabout.

HELENA, MONT., *March 13, 1982.*

MR. FRANK CALDWELL,
Director,
VAMROC, Ft. Harrison

DEAR MR. CALDWELL: I have written to you before, in praise and appreciation of VA personnel. I now find this a difficult letter to write, since I have a complaint and am very upset. I have waited, to write, until I could lose some of my initial anger and gain some composure.

About a week and a half ago, I called your Fee Basis Unit to advise them that I would need to obtain psychological counseling for my dependents. As you may know, I am 100 percent disabled (rated) by "Post-traumatic stress disorder, delayed". I called only as a courtesy; others in my situation just go ahead and make the appointments. The VA has heretofore authorized such dependents' counseling in delaying stress cases.

Well, I was told by your Unit Supervisor that not only could he not authorize dependents' counseling, but that I would have to reduce my medical (psychiatric) treatment! He said that I was receiving too much outpatient treatment, that I would have to drop one "program" and choose between the two!

I couldn't believe this. I'm afraid that I lost my temper. Then, he said that if I get Dr. Brian Davis to write a new treatment plan, encouraging and approving the dual therapy program, that Fee Basis would "probably" approve it. This, despite the fact that I was just re-evaluated in December and that all of this documentation etc. is "fresh" and of record! So Dr. Davis had to again write up such a letter to you (the VA), unnecessarily.

Why am I angry? I am trying to get better, to get things together well enough to get back to work and back into society. My therapy helps. Any fool should understand that. I have been receiving weekly therapy at the Southwest Montana Mental Health Center for nearly 3 years now, ever since my initial breakdown and first hospitalization. I have developed a trust in my therapist, Mr. Mike Stevenson. Es-

entially, he helps me get by from week to week (at real bad times, from day to day). It is difficult for me to go a week without wanting to kill myself or blowing someone else away. I nearly have done both on several occasions. Do you suggest (does your Mr. Harrison suggest) that I drop this assistance?

The other therapy I receive is related more directly to "delayed stress" and to my VietNam combat experiences. I attend Dr. Davis' Comprehensive Guidance Clinic, the VietNam vet (delayed stress) group of which you are aware. This is important therapy in that we help each other, under the guidance of Brian Davis and Joe Harrington, by talking out our deep, serious problems relating to Nam and stress. This is the kind of therapy that any competent psychiatrist anywhere would highly recommend. And I'm telling you, sir, that there have been times when one of us was talked out of a compelling urge to waste someone; that some very real, potentially very tragic such desires, where the man was on the verge of so doing, were avoided. I know, because I was involved in one such incident. Mostly we are involved in trying to help each other stay calm, maintain control, keep our tempers at home; in short, to attempt to live a more peaceful, happy life than is our lot thanks to delayed stress from having served our country in combat!

Do you (or does Mr. Harrison) suggest that I drop this therapy? Just what the hell is Mr. Harrison talking about, anyway? Where is he coming from and who the hell is he to tell me that I'm getting too much treatment. What is too much treatment? Is the whole idea to get well ("normal") again or not? Aside from the possibly illegal aspect of such an order, it is morally contrary to the spirit of the law governing the VA, its mission and functions.

Hey, this is not a physical disability I have. If I had a bad back, bad leg (I do, wounded in right leg by enemy mortar fire) or a hangnail that was service-connected, I could understand Mr. Harrison telling me to reduce my medical treatment. But, even then, wouldn't that be the proper function of a doctor? With a psychiatric disability, what is too much treatment anyway? Most psychiatrists would argue the point with your Fee Basis Supervisor, who is not a doctor.

The point is, I need the dual therapy to just maintain right now, to keep myself and others alive, let alone to try to get well someday! And your man is telling me to reduce that treatment!

Mr. Caldwell, I was so upset about that phone conversation that I was literally sick to my stomach that day and the next! I had to call my therapist to get calmed down, along with a heavy dose of my medication. I wanted to go down to Ft. Harrison and blow away your Mr. Harrison; I actually got out my .22. As you can still see, I am still damn mad about this. I told my therapist (at the Mental Health Center) and Dr. Davis about this and both professionals were unhappy that a non-professional had the nerve to tell me, in a totally tactless way, that I am receiving too much treatment and to reduce it!

It would be interesting to get the opinion and reaction of the newspapers, TV and radio shows, the public, my Congressmen, and Administrator of the VA to this, wouldn't it? That was my initial reaction; actually my second reaction. My first was to take out Mr. Harrison, for good. No, don't worry; I no longer have any such desire. Ft. Harrison is safe, at least from me, right now.

I even wrote a letter of complaint about the VA to the local Independent Record; but I haven't mailed it yet. Instead, I decided to write to you first and invite (give you the courtesy of) a response before I do anything else. A copy of the unmailed letter to the newspaper is enclosed. I am making copies of that letter and of this one, to you, for each person/organization I mentioned above. If an unsatisfactory reply is received, or none at all, I will write to each individual/organization and send copies of these letters. I doubt that the unfavorable publicity will do you any good; nor will the public understand the actions of the VA.

I think I do, however. I'm sure the whole thing is money. Would Mr. Harrison have told me such a thing if this were not outpatient treatment in the private sector? Perhaps budget pressures from Washington and passed down to Fee Basis are his excuse?

If so, how can any government bureaucrat with any intelligence or moral conscience equate dollars and cents with a person's well-being, attempt to become "normal" again, to have the happiness (relatively speaking) others have but which he is denied, maybe even that person's very life (or an innocent person who could be harmed by him), when that disabled veteran got this way by having experienced things in the service of his country that no sane person would want to experience himself?!

I'm talking about medical (psychiatric) treatment here, which is my right under law. Treatment to get well again someday, so all the stupid bureaucrats will be safe from me. If I didn't want to get better, I wouldn't be seeking this treatment, would

! Is the VA telling me "We want you to get off our Comp rolls, you welfare bum, but don't take too many of our dollars doing so"? That is the impression I have. This is contrary to the laws governing the VA!

If complete psychiatric facilities were available at Ft. Harrison, and you know they are not, Mr. Harrison would have justification for what he told me. But they are not and he has not.

This brings me to my next complaint. I was not given authorization for dependents' counseling, the purpose of my call. Mr. Harrison told me (probably in good conscience) that a ruling from Washington was expected early the next week (last week) on the subject and that it would probably not be favorable. I accepted this, not happily. He told me that Fee Basis would call back on it then. They did not. And, because I don't trust my temper talking to such people, I didn't call back either.

When I discussed this with others with interest in this, I found that they were aware such an unfavorable change was contemplated, even expected in the future, but that, as far as everyone else knew, dependents' counseling was still being authorized. Other "delayed streets," 100 percent rated, not permanent, vets are getting dependents' counseling at the present but I was denied equal treatment. This is illegal. The VA cannot give some vets one benefit but deny it to others in exactly the same category (in all respects). This is discriminatory. Why are my dependents denied said counseling while many others (in exactly the same category; both in diagnosis and rating percentage) receive it now?

Why do my dependents need said counseling? The incident is unpleasant and sickens me still. Because of things, in general I couldn't cope anymore and took out a .22 rifle and pointed it at my wife, in front of my son. Thank God, it was unloaded. But my wife and son were very shook up. Have you ever had a weapon pointed at you, Mr. Caldwell? I have (in Vietnam) and it is not pleasant. Do you have any idea how emotionally traumatic that can be for a wife and young child? They needed to talk to a professional counselor about it. Mr. Harrison denied such authorization. Now, I find out other vets still get dependents' counseling but I am denied this benefit (and these vets are not permanently rated, entitling them to CHAMPVA or CHAMPUS) (they are the same as I!). Tell me how you justify this? Because I can't afford to pay \$35 to \$50 per hour for this counseling, they have not received any professional help since that incident several weeks ago. This is illegal discrimination since others, equal to me in VA books, receive this benefit still. And I'm damn mad about it.

This dependents' counseling is necessary. The emotional wounds suffered by our family at home are real and sometimes severe, especially because of not uncommon incidents such as the one mentioned above. If their emotional wounds are not tended to, the home environment for the vet and his family suffers, sometimes severely. If this is allowed to go on, how in the world is the vet going to make therapeutic improvement? Often, things will get worse, not better. We're not talking about a physical disability which seldom affects family members; we're talking about a psychiatric disability (sometimes manifesting itself in a violent, dangerous way).

I got so mad writing the preceding that I had to put it aside until I could get my composure back. This has proven to be a painful, angering chore, writing about getting screwed over. Thinking, writing of it makes me mad.

Dependents' counseling is important in post-traumatic stress cases. Unless our dependents can sometimes get things in perspective and talk out with a professional the turmoil within them (anger, frustration, fear, pain) they can't function properly and their unresolved turmoil in turn creates a worsening effect at home for the vet; in short, a "vicious circle". And, it is obvious to anyone (even insensitive, budget-conscious bureaucrats), that most of the serious emotional problems of the dependents is caused by the disabled vets. I remind you of the recent personal incident to illustrate this. Mr. Caldwell, I know you are a man of conscience, principle, and compassion. You do agree, I'm sure, with what I say regarding dependents and this particularly crummy disability. If so, I request you to make your support known to the bureaucrats in Washington trying to mess up the little hope and chance for future well-being we have. I also ask you to consider getting your colleagues, the directors of the other VA regional offices, to join you in urging that Washington hatchet men not be allowed to further dampen our hopes of future "normalcy". Dependents counseling is necessary to this particular, specific psychiatric disability!

In any case, I am especially enraged at denial of authorization of this benefit because my wife has never before received such counseling and my son only once. We do not, therefore, abuse or run up big bills on dependents counseling! So why the hell am I denied that which is granted other veterans of equal situation?

I look forward to satisfactory reply from you, and apology for my being told to "reduce" my treatment. At this time, I expect that and authorization of dependents counseling if needed (and it was strongly encouraged by professionals after that rifle incident!!!), and a totally different treatment than I received from Mr. Harrison of your Fee Basis Unit. But, I have copies of all the enclosed papers ready for forwarding to the individuals and organizations aforementioned, if same is not forthcoming. Thank you for your time and personal attention to this major problem.

Sincerely,

TERRY DOTSON.

VETERANS ADMINISTRATION,
Fort Harrison, Mont., March 26, 1982.

Mr. TERRY DOTSON,
Helena, Mont.

DEAR MR. DOTSON: This is in reply to your recent letter regarding outpatient treatment and counseling.

Please be advised that every effort is being made to provide the best care possible for our veteran patients and their family members, in conjunction with post traumatic stress treatment and counseling. Therefore, your dependents will be authorized counseling as recommended by your treatment plan, which we have requested from Dr. Davis. This is required since your outpatient therapy exceeds the \$55 a month limitation.

We regret any misunderstanding, or inconvenience, you may have encountered and feel free to contact, or visit, our Fee Basis Unit, if we can be of further assistance.

Sincerely,

FRANK W. CALDWELL, Director.

STATEMENT OF WILLIAM G. DRATZ, VIETNAM VETERAN, MISSOULA, MONT. :

"... 14 trips into the mountains the past 30 days. The fishing is great and the lunkers aren't bad! 13 years ago next week I arrived in San Diego and USMC bootcamp. For thirteen years I've had nightmares too.

I feel like I've lived several lifetimes and maybe now there is a sense of direction. . . ."

The veteran who wrote the above lines lives in a cabin near Placid Lake in Montana not too far from the turnoff at Clearwater Junction. It seems to me that the "sense of direction" he refers to consists of staying put in a bucolic country place that makes sense, in a backwoods environment that nurtures his work as artist and poet and occasional laborer. He's an esthete and he's also an ex-Marine. He opts for the civilizing wilds of Montana and maybe he has gone through what I have gone through for the most part. I live in an emotional and political wilderness made up of trying to retrench. That would mean coming all the way home and in coming home, making it and making it for good. That would mean settling down in a setting that sometimes seems strangely custommade for either the banished or those hardy enough, perhaps in the sense of "making it hard", to go for wilder places. Albeit it's okay because really a life of ease was never contemplated nor has it been available.

"... I'm, doing it for you and all our brothers. . . ."

Outside Missoula, Montana about 30 miles toward Helena was where I heard a veteran say the above. We pulled the Travelall over and parked on the shoulder. How was he dressed? Here's how. He was decked in full field dress, complete with hose tourniquet, the old floppy camouflage brimhat, "spec'd out"; all he was missing was his "piece", his weapon. Instead he carried a bright and spotless cotton American flag about 3 square feet big, shoulder-cradled. His face had that sunburnt look that I remember well. He is now today walking across the country to dramatize the plight and no-good laid down on the Vietnam veteran both by neglect and by bureaucratic design by nearly every accountable provider of services in the government.

All kinds of testimony I suppose is being offered today, a lot of statistics perhaps, witnesses who are social workers and mental health workers and physicians. I just wanted to get in part of the human side of the story and that's why my testimony begins with the story about the country life of an ex-Marine who headed for the hills and the crosscountry trekker gone looking for his brothers and his country.

Somehow I don't want this hearing to drone on and use up about eight hours and for these days of hearings to move into weeks and weeks into years and have all this heap of testimony eventually use up our lives.

There are Vietnam vets here today. And there are survivors of the Bataan March of Death, Ex-POWs of the Japanese. Their lives are passing rapidly by and Vietnam vets are only about 25 years behind them. What I find particularly disturbing is what I see as a pattern of abuse heaped upon these men and veterans and their families in general. Ex-POWs are denied "service-connected" disability and needed medical services because the VA has no way of validating claims with evidence other than the veteran's and veteran's physician's statements which it dismissed as "conjecture". If there is an epidemiology related to internment as a POW, meaning "KZ Syndrome" then there certainly is a pattern of abuse if the medical consequences of internment go untreated due to government rigidity and bureaucratic misanthropy.

Tied to my whole life was and is my Vietnam experience. I was there when the USS *Ranger* blew up and I was there when another "CVA", a naval attack carrier, came back into port, the USS *Oriskany*. Hundreds of men died, were burned alive when these ships had their own explosives blow up on deck. And how should I feel when an unknowing civilian says to me today, "You were in the Navy . . . you must have been lucky. . . ." They just don't know. They just don't know that maybe I'm lucky just to be alive.

But what does it mean to be alive? I got a leaflet the other day from the DAV and it listed the main ingredients of "delayed stress"; those were:

" . . . depression, anxiety and anger, sleep disturbances, loss of interest in work and other activities, alienation and survivor guilt, suicidal thoughts and feelings, problems with intimate relationships, flashbacks to Vietnam, fantasies of retaliation, fits of sudden rage, memory impairment, fear of losing loved ones. . . ."

So says the DAV leaflet entitled "If You're a Vietnam Era Vet" The question seems to be, Are these descriptions accurate? The question seems to be, Just how much of these does the Vietnam veteran disclose? I don't want to hear about the football jock who came back to Notre Dame and screwed the defense. I want to hear from the vet who owns up to making a list of the realities of post-trauma stress.

Another point in this brief statement to the congress is that I fervently don't believe the system accommodates a genuine expression of the truth nor does it say the "complainers" are honorable men. Why, nearly 750,000 Vietnam era vets alone were given "bad paper", including Montana's most decorated Vietnam vet, a recipient of the Silver Star with two clusters, the Bronze Star, et al. This fighting man was given an "undesirable discharge" after two Vietnam tours and four years of service because he smoked pot in a discharge barracks on the way out of his tour of duty.

What is so sad is that some of the listeners may have their minds flicker and fail and do this kind of thinking, Did I hear the word "pot"? Even today, a Rear Admiral of the Navy, the one in charge of "naval drug abuse programs" goes on early morning television, on the 700 club to sell salvation on a religious daytime television fundraising show, in the process "selling" his belief that the military does the "right thing", the "Christian thing" by cracking down on dopers . . . what is incredulous is that "dopers" is what he calls his enlisted support staff.

I call on the U.S. Congress at this time to: Eliminate the Uniform Code of Military Justice and make military criminal proceedings subject to civil controls; grant ex-POW organizations congressional charter status similar to that granted to the DAV and American Legion; observe and substantially meet allied standards (standards of the British, etc.) in reviewing ex-POW claims for services, compensation and medical treatment and; general amnesty for Vietnam veterans, including people like myself and Daniel Ellsberg and others who have been conspiratorially prosecuted for antiwar and anti-military activities.

I also call upon the congress to do this by legislation and by this process I want the congress to show, How much honor goes to the ex-POW? , and, Can we see Vietnam as a sordid war and can we see the men who served there as consciously patriotic Americans who as normal men served in abnormal times for God and country? for their brothers and sisters? for their mothers and fathers and grandmothers and grandfathers and uncles and nephews? for the ones who grant home loans, their bankers, the bureaucrats at home in little obscure jobs in every small American community?

I can't say any more now and have just wanted to make a personal statement. Listen to what is being said this day, June 19th, 1982. As for us, we hear the words of Robert Frost when he said:

"... We have miles to go before we sleep and we have miles to go before we sleep ..."

STATEMENT OF RICK FOOTE, REPORTER, BUTTE, MONT.

Enclosed is a copy of the series ¹ I have done about the problems associated with delayed stress and Agent Orange contamination affecting Vietnam veterans.

I would appreciate it if you could see to it that it is incorporated in the hearing record from the Helena hearings.

I'm sorry I couldn't attend those hearings, but from the press accounts I've read, the testimony accurately reflected the frustration and sense of hopelessness that Vietnam veterans are experiencing.

Pat, the more I study this problem, particularly with regard to Agent Orange, the more I find that the studies that must be done will be time consuming and expensive.

I might just list a few concerns that were expressed to me when I addressed a group of Vietnam veterans who are members of the American Legion Post here.

(1) The effects of Agent Orange on DNA and whether the number of miscarriages among wives of Vietnam veterans is greater than that in general population.

(2) The fact that the Veterans' Administration puts the burden of proof on the veteran to show where the veteran was in Vietnam.

(3) Other potential medical effects of Agent Orange including:

High blood pressure. (This is a new one to me, but I think it might have more than a little validity).

Tingling in hands and feet.

High incidence of boils, these must be surgically removed.

Slow healing of bone and other parts of the body from accidents not associated with Vietnam duty.

Volatility of personality among veterans.

Furthermore, Pat, my studies have shown that far more Vietnam veterans might be suffering from the effects of delayed stress than previously believed.

Pat, nearly every time I talk to a veteran or a member of a veterans' family, I find that the veteran has found himself demonstrating at least one, and most times, more than one of the symptoms generally associated with delayed stress.

I've also had local counselors come to me to ask for advice about how to treat delayed stress symptoms.

I think that points out that the VA must sponsor extensive clinics for counselors within the general population, not just VA counselors.

As a Vietnam veteran myself, I sincerely hope that you, in consort with Congress, can find some way to compel the VA to listen to what is going on with more than 3 million Vietnam veterans who are potential victims of Delayed Stress and Agent Orange.

Without some fast, effective action, Pat, there might be as many as three generations suffering from the ill effects.

If there is any other information I might provide, don't hesitate to call on me. Thank you for the hearing, at least you've shown some interest.

STATEMENT OF GEORGE F. FRYETT, JR., VIETNAM VETERAN COORDINATOR, HELENA, MONT.

This document has been prepared for the Hearing before the Subcommittee on Veterans Affairs, U.S. Senate. Being held in Helena, Montana, June 19, 1982.

Much effort has been put into preparing this due to the various extremes of difficulty in many cases. A lot of which has come from the inattention to detail and subsequently the blatant neglect to follow the laws as they have been written.

These veterans and their families have massed together to try in some way or another to recall the perpetuated inequities that have been perpetrated upon them.

It is sometimes very strange to understand the very foreign attitude of social change and economic strife that is being felt by everyone of us in our own great country.

Though, however hard it may be to realize that this is an everyday occurrence shared by all, we were able to send out some thirty-three (33) copies of a rather, as much as possible simplified questionnaire.² We have received a number of these back and have put them together for your viewing.

¹ Retained in committee files.

² Retained in committee files.

If you should consider some of the information incomplete or too sketchy, I am more than sure that some of us would be more than happy to supply you with copies of the detailed situations that here to fore have been always considered unimportant.

I personally thank you for your coming to Helena at this time.

We too want a balanced budget, but no longer at the expense of forgotten veterans, due to cuts being made from the already earmarked moneys for programs and training that someone who has never been there or can begin to fathom their importance continues to push for.

STATEMENT OF DON GEIS, VIETNAM VETERAN, HELENA, MONT.

I would like to take this opportunity to thank you for taking the time to come to Montana to hear us, and for taking an interest in the plight of veterans here in Montana, and around our Nation.

My name is Don Gies, I am 48 years old, and my time in the U.S. Navy qualifies me for status as both a Korean and Vietnam veteran. I am employed, at least until the end of this month, as a Management Analyst with the Employment or Job Service of the State of Montana. I have over 16 years service with this Agency, and a number of my friends, as well as myself, are being terminated in a "Reduction in Force," ostensibly the result of "budget cuts" brought about by the National Administration's policies. My friends and associates are also veterans, or at least 89 percent of us being terminated are.

I appreciate that there is little you can do for my friends and I, but you can close the door, so to speak, on a loophole that was left when Congress drafted and passed Veteran's Preference legislation. Times were good in those days, and I'm sure nobody gave any thought to the subject of retention of veterans when the bad days come and cuts may or may not be necessary. Because the legislation speaks of "preference in hiring," or merely "preference in employment," certain devious minds have been free to interpret your "intent" as having nothing to do with retention of veterans when times are tough.

I am the junior man in our group in terms of years of service to the State of Montana. Some of my associates have as high as 26 years of service, not counting military time. When we were hired, we were told "not to waste their time unless we were looking for a career, as they couldn't afford to waste time and money training people who did not intend to stay with the Agency." Now as we approach the end of our careers, we find that we are being booted into the street through the loophole in our veteran's preference laws. It is too late for us. By the time all the honorable members of the committee read this testimony, our careers will have ended. But, there is still time for you gentlemen to plug this loophole, before other vets can be pushed through it.

I will not explain at length what Montana's current Administration has seen fit to do to my friends and I. I will not even speculate on why they are doing it. I will not even speculate on the consequences to the Agency for terminating nearly all experienced Management personnel. I am attaching and submitting some exhibits for your consideration in this matter, and I would like to briefly call to your attention as well a few brief facts:

(1) Our top management tells us our jobs were eliminated because of a reorganization necessitated by "Reagan's budget cuts." (See exhibit Termination Letter.)

(2) When U.S.D.O.L. funding was tentatively cut by you gentlemen last October, we in the Agency voted to accept 35-hour weeks, which we all worked from the First of January until the 8th of March (a saving of \$25,000 per week to the Agency), in the hope of avoiding layoffs.

(3) When you gentlemen restored our funding, you did so retro-actively, which obviously resulted in what amounts to "extra" funds being available in our Agency. The 1982 funding level for our Job Service is 174.8 positions. Before our lay-off, our on-board strength was a mere 144 positions. I suggest even more "extra" funds.

(4) In our reorganization, the Job Service is being merged with the Employment and Training Division, an organization which has served as Prime Sponsor for CETA programs, and whose funding is ending on June 30th. We were told by our Commissioner and our former Administrator, that when two people were evenly matched in all other categories, "seniority" would prevail. I submit my second exhibit for your consideration as proof that:

(A) Seniority, experience, age, technical knowledge, job skill and ability were not factors in deciding who was to retain employment and who was to go.

(B) Veteran's Preference and Age Discrimination laws of this land are being flaunted in the manner of one who attempts to transfer property out of his possession prior to a bankruptcy proceeding. Such conduct should not and must not be allowed to succeed.

Gentlemen, I thank you for your time, and for coming to Montana to give Montana Veterans a chance to air our problems and grievances. Should you or your staff care to pursue this matter further, I shall be pleased to discuss this matter at length, and provide a number of other documents to substantiate my remarks. I can be reached at 3580 Wylie Drive, Helena, Montana, 59601, or you may call me at (406) 227-5301.

EXHIBIT 1

DEPARTMENT OF LABOR AND INDUSTRY,
COMMISSIONER'S OFFICE,
Helena, Mont., June 9, 1982.

DON GIES,
Job Service, Lockey & Roberts, Helena, Mont.

DEAR DON: Please accept this letter as official notification of the termination of your employment with the Job Service Division of the Department of Labor and Industry, effective on Wednesday, June 30, 1982. As you know, President Reagan's budget cuts have forced us to reorganize the Job Service and Employment and Training Divisions. This reduction in force is the result of that reorganization.

I will be happy to inform any prospective employer that this layoff does not reflect upon the quality of your work. I assure you that those who are laid off will be given the opportunity to return to this Department should our work load return to its former level or if openings should occur for any reason.

I, of course, regret the need to take this action and will be happy to do anything I can to help mitigate its effects.

Sincerely,

DAVE HUNTER, Commissioner.

EXHIBIT 2

The following individuals of the Montana Job Service Central Office Staff were advised verbally on April 23, 1982 that their jobs have been abolished and their services will not be required as of June 30, 1982.

Name	Unit	Years of service	Age (years)	Veteran status
Fred Frisch.....	Job Service.....	30	59	U.S. Army.
Bob Miller.....	do.....	21	51	U.S. Air Force.
Jack Egge.....	do.....	28	55	U.S. Army.
Hal Burt.....	do.....	20	55	U.S. Navy.
Larry Roberts.....	do.....	19	45	U.S. Army.
Don Gies.....	do.....	16	48	U.S. Navy.
George Skagen.....	CETA.....	10	39	Do.
George Henkle.....	do.....	2	63	Do.
Bev Belyeu.....	do.....	6	29	Nonveteran.
Total.....		152	444	8 veterans.
Average.....		16.89	49.3	1 89 veterans.

¹ Percent.

Under the proposed reorganization/consolidation, the following Employment and Training Division Staff are transferring onto the Montana Job Service Central Office Staff as of July 1, 1982.

Name	Unit	Years of service	Age (years)	Veteran status
Laurie Ekenger.....	E.T. Division.....	7	33	Nonveteran.
Mark Bowlds.....	do.....	8	31	Do.
Peggy Hartman.....	do.....	5	35	Do.

Name	Unit	Years of service	Age (years)	Veteran status
Flo Smith.....	do.....	9	40	Do.
Barbara Bonifas.....	do.....	4	35	Do.
Jim Foley.....	do.....	6	29	Do.
Laurie Lamson.....	do.....	5	31	Do.
Janet McAlpine.....	do.....	3	25	Do.
Margie Puera.....	do.....	26	43	Do.
Joanne Sullivan.....	do.....	10	33	Do.
Total.....		83	335	0 veterans.
Average.....		8.3	33.5	0 veterans.

¹ Percent.

STATEMENT OF ALICE HARTMAN, WIFE OF VIETNAM VETERAN, CLYDE PARK, MONT.

I am Alice Hartman, of Clyde Park, Montana and I am very appreciative that you have taken the time to come to Montana to listen to the problems of the Viet Nam Veterans. My hope is that after you hear us you all can feel and know a part of the great seriousness of "Post Traumatic Stress". It is very important that you understand our problems because on June 19, 1982, a great many futures and lives may depend on whether or not you can really feel the depth this impact has had on our lives.

Just a year ago, my husband John, was diagnosed as being a victim of Chronic Post Traumatic Stress. Unless any of you have had to deal or known a Veteran with this problem I know it will be hard for you to know what it is all about, so please hear me as I tell you a bit of what it has been in our lives.

On May 4th, 1981, I walked into the front room and found my husband in the rocking chair, rocking and staring. I asked Him, "Honey are you all right", he looks up at me with tears in his eyes, then he started to tremble and burst into a sob. His reply was, "Babe I can't do it, I can't go on, I just don't have the strength." He was to go to work that afternoon and I said, "do you mean to go to work?", he said "no, I mean with life, I just can't handle it any more, if I end my life now you and the boys would be so much better off. Damn I work when I feel bad, I miss more work than I work; you and the boys deserve so much more than robbing Peter to pay Paul and not being able to live from pay day to pay day, and always worrying about bills. I have been to Doctors for years now and none of them have made me better and I don't understand this, why didn't that bastard tell me," (speaking) (of a Doctor in 1977) "he didn't know what was wrong instead of saying it was all in my head."

You see since 1970, we have been doctoring and as each year passed John's health continuously worsened. It started out with chloracne, nausea, aching, swelling, then kidney and bladder infections, then high blood pressure, chronic prostatitis, surgery to remove the left testicle, a type of blood disorder, and weak and faint occurrences. Due to his medical problems he missed a large amount of work and this caused financial difficulties and we lost our 20 acre parcel. For all these years we have doctor and are doing so for the above to this day.

After we talked for a time, I made an appointment with our family Doctor and he wrote for a 30 day leave of absence from Johns employer, my husband has been unable to work since. He went to the VA hospital at Fort Harrison on May 26, 1981, he was treated for medical problems then he was sent to see Dr. Brian Davis, this is when we had to face the reality of Post Traumatic Stress, how can this be on top of everything else. I'll never forget the first reactions, my husband thought he must be crazy and this sent us both into a whirl with bad feelings, mistrust and what will you do next? We both wondered where we would go from here or what will the outcome be for us.

When I chose to attend group therapy for Post Traumatic Stress of Viet Nam Veterans wives at the Helen Comprehensive Guidance Clinic, the mixed emotions were terrible. I just knew there was no way I could share or talk about my personal life with anyone, then I thought Ignorance is Bliss but I knew that wouldn't do. I found I wasn't alone and there was an answer to the hell we had been living the past eleven years. The outburst of uncontrollable anger, this is when the verbal abuse became sickening with horrible name calling and how no good I was and if it weren't for me there would be no problems or how he wished the marriage never took place in the first place. Each time it became worse and verbal abuse turned into physical abuse, I finally go the state of what a terrible person I must be to be

doing all this to my husband. I would talk to him and asked how I could make it better, it was then he told me it wasn't me and he couldn't understand why there was such feelings, it seemed he had to lash out.

This was the beginning of becoming webbed alone except for his family. I wasn't allowed to associate with my family or my friends before our marriage, if any there were angry words. We have two boys, John age 11 and Jeremiah age 6, as they got older his tolerance of patience toward them became very short. "Always do what you are told to do the first time because some day it may save your lives" it almost became a command. They were always to play with friends at a calling distance, he once told our oldest, "don't trust any of them son". He got to the point he didn't want to go around people, never taking in any of the school activities or visiting friends, he felt like they were looking at him and it made him very up tight to be around crowds. We went to our oldest sons 4-H fair to see his exhibits, we walked into the building and immediately had to leave, driving home the tension became so severe he hit the windshield and shattered it.

I felt I was alone, I knew there was no way I could possibly explain any of this to anyone. The only sanity it seemed I had was when there were good days and it was then I knew my husband still loved me, this kept me going through the bad days. I kept telling myself that things would get better, they just had to, thinking to myself "Alice you sure know how to screw up, your husband wasn't like this when you first married him you have to make it better." I would wonder how sickness could make a person violent, knowing my husband had physical problems I found myself giving in more and more and became to feel like an object instead of a person.

As the weeks of group therapy went on I found that I could share all the nightmare and some ways I felt pretty lucky. Some of the wives have had to deal with alcoholics, drug addicts, and unfaithfulness and so thankful I didn't have to experience this on top of everything else. Others weren't so lucky, their lives ended in divorce, some actually have experienced the impact of a bullet and survived, some had to live the nightmare of actual suicide of their husbands. We were told when we started therapy that it would get worse and it did, having to relive the traumatic experiences of Viet Nam and to think of what we tried to bury, if only we didn't have to think about it.

This is when the nightmares and flashbacks started, the sleepless nights and long days, deep depression, suicidal thoughts and anger and mistrust. We were camping in the mountains that we both were almost raised in, the seismograph trucks were coming up the road just out of sight, the pine trees and bushes and sounds became jungle and it was trucks and tankers coming up sniper road, this becoming reality of back when. Nerves became more on edge, always looking over the shoulder, quick to jump, any sudden or click sound would bring John to his feet or quick to react. He became more isolated not wanting to associate with anyone and withdrawal became more severe. To be around crowds he couldn't handle that. In one of his nightmares he called out "people, gooks, look out they will kill you". This is when I realized what crowds meant to him and why the tension when caught up in them. Not associating with people made us both wonder just where we could fit into society, would this be forever, our children were drawn in with us. I wondered if my boys would always have to see their father this way the rest of their lives. My husband felt he was no good as a man, how could something 17 years ago that happened in his life could be affecting him today, he grew up in the mountains, the hell of having to see them become jungle, now all this and the confusion of it all.

With both of us attending group therapy has helped to open a line of communication, John has become to talk about it some with me where as before there was no mention of Viet Nam. The change has not been easy and there is a long way to go yet, I still have fears of the outcome if and when John does get better and the situation has become easier to talk about with other people. I don't feel guilty or feel responsible for his behavior anymore and some of the confusion is beginning to be sorted and I certainly understand more and hopefully there is a light at the end of the dark tunnel, with this hope it makes it easier to prepare for the future roads to hide.

To deal with the VA is rather exhausting at times. On May 3, 1982, I nearly lost control and became very angry, I got a call saying that the VA would no longer pay under this fee basis for the therapy of the wives and children of Post Traumatic Stress at the Helena Comprehensive Guidance Clinic. I was just beginning to recognize myself and the rug was jerked out from under me. It affected my oldest son terrifically, he had just went through a series of sessions. The panic and fear raced through me, didn't they realize they were dealing with human lives, all the security was no longer here.

On Dec. 2, 1981, John had his adjudication hearing, we were told that John would need to go to Salt Lake for a third opinion. In August of 1980 we first filed for Post Traumatic Stress and John was sent to see a psychiatrist and he was evaluated with deep depression. We couldn't understand why this was necessary when Dr. Davis had submitted his diagnosis and then explained that deep depression was one of the symptoms of Post Traumatic Stress. After it was explained that the stress of having to go there would be more than my husband could handle at this time, it was agreed that they would bring a Dr. in from Salt Lake, which we were very thankful for. At this time John was like a walking time bomb, he started group in June, then in November we had the breakfast with Pat Williams and then having to prepare for his hearing, all this brought back memories and it was a bit much to handle.

On Jan. 4, 1982, John was admitted to the hospital at Fort Harrison, he saw the psychiatrist on Jan. 12, he told my husband that he would have the statement typed and then sent to the adjudication board. John also saw the urologist and was dismissed Jan. 13, with readmission on Jan. 31 to be scheduled for surgery on Feb. 2. There was a 45 minute hassle of trying to locate his records the night of readmission, the causing the tension to increase, just walking through the doors out there is almost more than some can handle. The clerk loudly called John's name and this sent him flying out of his chair and trembling. We then asked for a private room and he asked why and I told him of the Post Traumatic Stress and his reply was, "I have stress too, who doesn't?", then he called upstairs and said, "you know, this stress thing". On Feb. 2, I went to see one of the personnel to see if there was any word on our adjudication, as of then they had not received it and after tracking it down and locating it, it was submitted to the adjudication board and we had our rating on the 5th.

These are a few of the encounters I have had with the VA and I feel if the employees were a little more educated with Post Traumatic Stress, much of the tension and stress caused by the situations I have mentioned could have been eliminated. I do have some anger toward the VA and government due to the treatment of our Viet Nam veterans now and in the past. I can't help but think, "our veterans were there to serve the country when the government needed them, why can't the government be there to serve them when they need them". I am almost sure with time my bad feelings will mellow, but at this point with all that has happened in my life and with the VA I still have insecure feelings and mistrust.

In closing I hope that you all can understand at great depth the seriousness of Post Traumatic Stress, please hear us for we need your concern and support.

STATEMENT OF CLIFFORD S. HAUCK, VIETNAM VETERAN, LIBBY, MONT.

Thank you for the privilege of presenting my testimony before this distinguished Subcommittee to present the view of a Veteran of the Viet Nam war with respect to employment of veterans in the federal government.

For the last two years I have been seeking summer employment with the Forest Service here in Libby, Montana and have not been considered for employment. Both last year and this year I was informed I did not qualify or was not selected for a job. I question the ratings I was given and the hiring practice where non-veterans with little experience were given jobs. My veteran status does not seem to be considered or my years of previous experience in both general experience and civil service work experience (ten years).

In December of 1980 I applied for several job openings with the Forest Service. After waiting for five months and checking periodically on the status of my application, I was informed that I was not selected and these jobs were not being opened. In July I was still unemployed so I went back to the Forest Service inquiring about employment. There were no openings. I then talked to the Personnel Manager about a 40 hours a week volunteer program. He told me to go out and ask each Ranger Station about volunteer work, in which I did. I talked to both Libby Ranger Station and Canoe Gulch Ranger Station about volunteer work. They did have a volunteer job starting soon picking up garbage at campgrounds. I said that I would take it, if I could get a job when there was an opening.

Within a few days after inquiring about a volunteer job, I was told about a fire crew position GS-2 with pay of \$4.52 per hour. When I informed them of my GS-7 step 3 rating, they changed the GS-2 to GS-2 step 10 with pay being \$5.42 per hour. This job was to last until December, but I did not pass their step test or run the mile and half under 12 minutes, because of a bad back and leg from combat in Viet Nam. I was put on a maintenance crew for a month and then I was laid off on September 30, 1981.

While working those two months, I worked with two men in their 20's who were hired for the jobs that I had waited for that spring. They were both hired after April. One told me that he did not have prior work and experience and had never worked for the Forest Service before. Both were non-veterans and received a score of a 90 on their Standard Form 171 work experience. One of the men had worked one summer with the Forest Service the previous year. I then talked to the Personnel Manager and found out that my Standard Form 171 was rated an 85 with my veterans preference. I think this is not fair and I am losing work over this matter.

After being laid off in September, I applied for a Labor position and another person was selected. I am in doubt about the hiring practice for this job also. During the month of September I called the Forest Service every day about a job and was repeatedly told there was nothing.

In January of 1982 I again applied for seven different jobs with the Forest Service that would employ 177 people. In February a Mr. Arlen S. Roll, Placement Officer for Region One, informed me by letter that I did not meet the established qualifications standard for a GS-5 rating. I found that interesting since have been a GS-7 step 2 rating for four years. This was on my Standard Form 171 that I submitted to the Forest Service both years.

On April 3 of this year I received a notice of non-selection from the Personnel Officer here at Libby. It seems the situation this year is much like last year.

I am very upset about this situation. At this time I have still not received truthful answers from the USFS and feel I have been wronged not only as a person willing to work but also as a Combat Viet Nam Veteran with 18 years of general work experience. Enclosed you will find copies of my work experience Standard Form 171, Government Employee Service Statement, positions applied for in the spring of 1981 and 1982, and letters of non-acceptance from the Forest Service.

I am a member and Sergeant with the 391st Rapid Deployment Force. I was unable to attend this hearing personally because I am attending 15 days annual training at Fort Lewis, Washington.

I want to thank you for this opportunity to tell of my complaints.

STATEMENT OF TOM HUDDLESTON, VIETNAM VETERAN

My name is Tom Huddleston, and I am 37 years old. As a Viet Nam veteran, I am currently suffering from and receiving treatment for Post-Traumatic Stress Disorder. On June 11 of this year, I suffered a breakdown at work and was hospitalized until June 22, 1982. I have attempted to prepare this testimony four times since then, but cannot seem to write what I want to say. I have been informed that the Committee must have it today to go to print on July 5, 1982, so I'm attempting it again. Although I'm writing this under emotional stress, please believe that the substance is clear in my mind.

I have worked for the Veterans' Administration for eight years. I have been the Management Analyst at the Fort Harrison VA Medical and Regional Office Center for three years. Prior to that, I was a Management Analyst and Veterans' Benefits Counselor at the Los Angeles Regional Office. From December 1969 to January 1972, I worked for US Senator Alan Cranston as a Field Deputy in the Los Angeles office, primarily handling veterans' affairs. I served for six and a half years in the United States Marine Corps which included the landing in Santo Domingo in 1965 and 13 months in Viet Nam from 1966 to 1967.

For the past six months, I have felt as the child held in Solomon's hands: about to be split in two and shared. My mothers have been represented by my brother veterans and the Veterans' Administration. I have been very troubled by this dilemma. Why must I choose to be loyal to veterans, which is loyalty to myself, or loyal to the VA? Why is there a demand for choice? I no longer can deny that the "public servant" has become the "master" bent on survival at any cost.

Let me draw you a scenario that plays heavy upon my mind and I'm sure on the minds of many veterans. David Stockman, Director of OMB (whose non-veteran status as a draft evader is well-known) informs the VA that the budget will be reduced. The highest cost factors are the Compensation and Pension rolls. The political patronage role of the Administrator is public knowledge. Perhaps not so well known, but certainly understood, is the tenuous position of Civil Service incumbents in high positions as Department heads. Dorothy Starbuck, the Chief Benefits Director (CBD) accepts the OMB mandate with fervor to hold onto her job. The internal order of the day will be to reduce the costly Compensation and Pension rolls. The public rationale will be perpetuated to eliminate fraud, the battle cry of the entrenched conservative. Since then, the agency has conducted 100 percent review of

all unemployability cases; a 100-percent review of all aid and attendance cases; and now, a 100-percent review of all scars awards. The percentage of cases reduced and/or eliminated are maintained by Regional Office with the highest reinforced by top VA management.

Let me draw an example of an unemployability review. A WWII veteran was rated 60 percent service-connected disabled in 1955. It was felt that his disabilities made him 100-percent unemployable, so he was paid 100-percent compensation. Twenty-six years later, he's notified to report to the VA for a reevaluation. A staff physician states that this 63-year-old male is employable. His compensation is thus reduced to 60 percent or less (which is not 60 percent of 100 percent). This disabled veteran is not subject to the economic realities and the inference that his adult life has been a fraud. The VA hierarchy pats itself on the back and submits dutiful reports to the OMB.

Now it holds true that if you reduce costs with reviews of existing awards, you can also be successful with frustrating the awarding of new claims. Here, the VA has created new suffering. The Viet Nam combat veteran is experiencing a new disability called Post-Traumatic Stress Disorder. This anxiety neurosis is also known in the press as Delayed Stress, Viet Nam Syndrome, etc. It is interesting to note that I've been informed that the VA staff associated with the Viet Nam Outreach Program have stated that they feel that probably one out of five Viet Nam combat veterans are suffering from PTSD. How has the Department of Veterans Benefits faced this new challenge? Let me address a few.

Diagnosis made by a non-VA psychiatrist is not acceptable for rating purposes. The veteran must have a diagnosis from VA staff. Evidence that the veteran served in Viet Nam in infantry units is not sufficient for rating purposes. The veteran must produce evidence that he or she was exposed to combat. Instructions have been let that if the Rating Board has any doubts as to the validity, deny the claim and "continue to develop."

Why does this bother me? Number one, there's doubt from my experience that the VA top management has projected an image of acceptance of the disability as legitimate. The assumption that a veteran who served in a combat unit in Viet Nam may not have been exposed to combat is absurd and reflective of the public ignorance of the conflict, itself. Perhaps they feel that the "war watched at dinner" was fought on the Universal lot in Hollywood. Finally, under the clock of "exclusivity," rating board laymen and a non-psychiatric medical officer are authorized to question the legitimacy of board-certified psychiatrists without consultation.

As for my doubts, I would ask you to request the following from the VA and draw your own conclusions:

(1) A transcript of the Fall, 1981, conference call conducted by the Director, Compensation and Pension Service, and Director, Mental Health and Behavioral Sciences Service, re: Post-Traumatic Stress Disorders compensation claims (copy was produced and kept at Fort Harrison).

(2) Review the last 24 months of the Public Opinion Digest produced by the VA and distributed to the field. In almost all, there's a story referred to on PTSD with "cute" little lead-ins reflective of the cynicism.

(3) Ask the VA whatever happened to the "presumptive" section of Title 38, U.S.C. (I don't have my Title 38 with me now, but I can get it for you). This section basically states that circumstantial evidence submitted by a combat veteran will be accepted in the veteran's favor.

(4) What additional procedures have been introduced by the VA (Central Office) in the past 14 months that are unique to the processing of a PTSD claim versus other disabilities. Ask for all circulars, letters, etc., distributed to the field offices.

(5) Ask them why a special listing is being maintained in Compensation and Pension Service showing the number of PTSD claims awarded by Regional Office. Ask for the list and you'll see some dramatic results.

(6) Ask them why every PTSD claim that crosses Central Office is given a thorough review, and, in every other type of claim given the same review?

(7) Ask them what instructions were given to the Agency by OMB regarding reducing the Compensation and Pension rolls.

There are few matters relating to Fort Harrison that are reflective of the field response to the "system" projected by Central Office.

(1) I personally took a claims folder by to the Adjudication Officer (Bob Colvin) that was enroute to the Rating Board for a decision on a claim. On top of the folder was a note from Mr. Colvin stating, "This man is a damn liar." Although he didn't understand why he couldn't do this, he tore up the note. He has been continuing the practice of subjective expressions on "2057's." This is a form sent by Adjudication to the hospital to set up an examination. Some of these notes have been xeroxed and

are maintained in the Director's safe with the Director's knowledge and direction. Why hasn't something been done?

(2) Last fall, a number of meetings were held with Colvin, the Chief of Staff, the rating board, and, at times, top management. Although I was excluded from attendance, I was told that the board and Chief of Staff were displeased with Dr. Brian Davis, M.D., and his letters and attitude expressed. It was decided that the Comprehensive Guidance Clinic would be bypassed with Compensation and Pension evaluations to other psychiatrists. Why wasn't Dr. Davis and the Clinic made aware of these feelings and allegations? This attitude was filtered throughout the Center as numerous employees stated to me that Dr. Davis was an extremist.

(3) An anonymous letter was sent to Central Office by a Fort Harrison employee charging that Dr. Davis and the Comprehensive Guidance Clinic was "ripping off the system." A Dr. Custer, M.D., from Central Office, conducted an on-site investigation and stated in his report that the allegations were unfounded and, in fact, Dr. Davis and the Clinic were providing effective, quality mental health care to veterans and their dependents. An enhanced relationship was suggested. I know of this report as I prepared the response to it. It is interesting to note that when I saw the anonymous letter and its style, I reached a subjective conclusion (admittedly unproven) that it was Bob Colvin's style. This same conclusion was shared by management. You should ask for a copy of the letter and Dr. Custer's report. My feelings are that this report should be made public to Adjudication personnel to counter the "pipeline" attitude developed against Dr. Davis and the Clinic.

(4) The last two Systematic External Review Program (SERP) visits at Fort Harrison have identified the Chief of Staff as weak. SERP's are conducted every two years. How many additional reports are necessary before action is taken? The clinical personnel at Fort Harrison are talented, energetic and professional. They, as well as Montana veterans, deserve complimentary leadership to foster quality care and expansion of services.

I want you to understand that I know that there are decent and human public servants in both the Los Angeles and Fort Harrison VA facilities in which I have worked. They are also not the exception but the rule. But, we have created a system that rules. Employees feel restricted and subject to the system. They are enveloped with the survival instinct to emulate and please the next hierarchical level. At the very top, they are subjected to the political appointees who comprise part of the "invisible elite." Help the veterans and the employees. Make the goals public and demand performance. Please look at the following:

(1) Why is the rate of compensation based upon workman's compensation rates? Do we compensate the loss of a soul or eyes or limb to allow for unemployment compensation or in recognition of the loss while serving his/her country?

(2) Does an adversary relationship exist between a veteran and the VA if he/she files a claim? What has brought this about? Is the privilege of exclusivity being abused?

(3) How many Viet Nam combat veterans serve on Rating Boards at the Regional Office?

(4) Why is a PTSD rating evaluated yearly? Does this adversely affect therapeutic response? If the disability is unique, why not adjust the system rather than shaping the vet? Put a five year evaluation ticket on a 100 percent PTSD and if there's no participation in therapy and rehabilitation, eliminate the rating. If you want savings and positive results, this is one way.

I recognized that this is rambling. I'm sorry for not being able to express myself better. My therapist has said that I've decompensated. The VA wants to know if I'm going to work or file for disability retirement. My family is waiting to see if the VA will rate my seven-month-old claim. I'm waiting to see if I'll wake up tomorrow without crying and shaking and staring at the television for 18 hours. Please help all. Believe me, the system is evil because it is destroying lives and those who perpetuate it as "good" are, in all probability, perpetuating job security. I will go anywhere at my own expense to answer any questions of any concerned congressional body.

To serve your country in combat, you perform seeking honor. We received no honor from our country when we came home. For many, this broke our hearts, and hardened the soul. We have the invisible disability. We seek help for stress and are stressed. We yell in anger and are labeled. We cry and are patronized and given drugs. We shoot ourselves and the claim is closed. All this, because David Stockman, a true son of the Republic, say the Nation cannot afford us. Perhaps this is true, but please ask the Nation openly and in public.

MISSOULA, MONT., June 22, 1982.

HON. PAT WILLIAMS,
Longworth House Office Building,
Washington, DC 20515

DEAR REPRESENTATIVE WILLIAMS: I hope the enclosed is of interest to you. I attended the hearing in Helena with Bill Dratz who is a Vietnam veteran and who I know shares these sentiments.

I feel it is important for the congress to take action to make changes in the law and reorganize the veterans administration in order for our nation's legal and moral promises to the veteran are satisfied. Thank you.

Sincerely,

EMERY JONES.

STATEMENT OF EMERY JONES, MISSOULA, MONT.

JUNE 22, 1982.

LETTER TO THE EDITOR,
Daily Missoulian
Missoula, Mont.

DEAR EDITOR: I recently had the pleasure of attending the U.S. House of Representatives committee hearing on veterans affairs on June 19 in Helena. Aside from the plight of the disabled veteran, there was one thing that struck me very deeply. I am 22 years of age and a member of a generation of young men who have had very little contact with the Vietnam war or its disabled vets. I, like many, am still in doubt as to whether or not I would choose to support my country in the event the US entered another conventional war.

This is why the controversy surrounding the Vietnam, as well as World War II veteran, is of special concern to me. Beyond the moral issue of, Should I or should I not support the government?, there is the issue of, If I choose support, what reliable guarantees do I have from my own government? Judging from the entire Vietnam situation, and the more recent controversy surrounding the government's cover-up in the use of biological warfare on World War II vets, no matter what the government says, I will still wonder.

I will have to answer questions of, Am I fighting for the truth, justice and liberty of my country and for those less fortunate?, or, Am I just young, full of too many ideals and in reality just another corporate pawn? Will I come back despised and humiliated? Will my own government and my own people deny me the benefits it had guaranteed to me by law before the fact? Will I suffer along with my children in a new battle on the home front for over ten years in desperation to obtain the medical attention essential in enabling me to finish the Vietnam war and resume the life I once led?

I feel strongly that as the government looks for a solution to the problems of disabled vets, it would be beneficial for them to realize there is a generation of young men out here watching the situation.

Even so, personally I'm not sure there already hasn't been too much damage done. How can we trust anymore? Furthermore, I am embarrassed and outraged that the American people can so bitterly turn against her own. I remind us all that there is still an urgent need for a solution and now that it has taken over ten years for the government and people to acknowledge that a serious problem does indeed exist, how much longer will we allow this tragedy to continue?

EMERY JONES.

STATEMENT OF DONNA MCBRIDE, WIFE OF VIETNAM VETERAN, TOWNSEND, MONTANA

My name is Donna McBride. I am married to Timothy J. McBride, a Vietnam Veteran diagnosed as suffering from Post Traumatic Stress, Bilateral leg damage, and chronic recurrent malaria. I wish this statement to be admitted as written testimony to be presented to the Congressional Subcommittee on Veterans Affairs, headed by Sonny Montgomery which will be in Helena, Mt. on June 19, 1982.

Tim and I were married in 1972. We have three sons—age 10, 5, 4. I hope in some way to be able to tell you what Tim's service-connected stress disorder has done to him, myself and my children. I also wish to address the problems we have encountered in our dealings with Fort Harrison VA facilities.

In the past 10 years, my husband has had in excess of 18 jobs. We have lived in 4 different states, three of them in the past 5 years. I never understood why he could

not hold a job for any length of time. All the moving around has been extremely hard on all of us. My oldest son was in 3 different school systems before the third grade.

Tim has a Master of Science in Education as a Reading Specialist. He had talked about teaching from the time we met. I'm a Registered Nurse, and after we were married, I worked to put Tim through school. After he graduated, he tried to teach for 3 years, but as the time passed, it became increasingly more difficult for him to walk into a classroom and face those children. He finally had to leave teaching altogether and we have both had to face the fact that at least for now, and possibly forever, Tim is unable to handle the stress created from normal classroom problems. All he ever talked about was teaching. He worked hard to get his M.S. Ed. and now it is useless to him. It made him feel useless and all I could do was wonder what was wrong with him, with me and with our marriage.

Tim left teaching and went to work in the mines in New Mexico. At first he did well and was rapidly promoted to Safety Director with a mining corporation. That didn't last either. Neither of us realized at the time what was the underlying cause for Tim's inability to hold a job. I can tell you the direct result of all the moving around, we got financially in deeper and deeper, Tim felt like more and more of a failure. I had doubts about him and our marriage. My oldest son became harder and harder to handle. There was less and less laughter in our home and more and more anger and fighting.

Between the financial pressure, the arguing at home and on the job, and the death of his father; everything came to a head and Time suffered a major flash back to Vietnam. On October 30, 1980, Tim didn't come home from the office. It kept getting later and later and still there was no word from him. I got very concerned. He had never done anything like that before. I started looking for him and finally located him and talked him into coming home.

When he got home, he was acting very strange. Sometimes he would make sense and the next minute he would be talking to people who weren't there—his buddies from Nam. It got so bad that I called Fort Harrison. I was told that here was nothing they could do and they advised me to call the sheriff's department. I was desperate by this time, so I called the sheriff. One of the officers who came happened to be a Vietnam Veteran who had just been through a similar episode with a friend. I thank God that he sent that officer to us because that man knew what to do and handled Tim beautifully. He sent for an ambulance and talked Tim into it and rode with us all the way to Fort Harrison.

Some friends in Townsend took in my children and did their best to help me. No one at Fort Harrison even seemed to be aware of what all this was doing to me. My husband of 10 years wouldn't even acknowledge that I existed. He was living back in Nam and didn't even know he had 3 children. He told the doctors and nurses that he was in a field hospital. He stayed that way for 3 days. The doctors couldn't tell me what would happen whether he would ever come back to me and his children.

My 8 year old son came to me the next day and asked me what he had done that was so bad that had made his father so sick. That little boy blamed himself for what had happened. My God, I had to try to explain to a child who had never even heard of Vietnam that daddy wasn't sick because of anything that my son had done. I had to try to explain to him that his dad was having some bad memories because of what had happened to him in the army. My son still carries those scars. He's a very angry young man and through the years, he has learned to handle that anger the same way his father handles his. It's sad to have to admit that anger and mistrust far out-weigh happiness and laughter in my home. I was never so scared in all my life as that night, but I had to hide all those feelings in an attempt to keep some sort of harmony for my children.

Tim has never been able to get very close to the boys. Discipline was my responsibility. He was quick to criticize, but never praised them. They had to do things right the first time because—as he said—"it could mean the difference between life and death."

I shut off my feelings as I have said before. It was easier to bury them and try to maintain some sort of peace in my home than to speak up about his treatment of me and the children. (Tim never resorted to violence with us. We were lucky. Many of delayed stress wives and children aren't so fortunate.) The constant quarreling did take its toll, so I kept quiet as much as I could. Never in all my life did I believe myself capable of calling the police on the man I love, but I did that too.

I guess that unless members of Congress have had anyone close to them suffer from Post Traumatic Stress, that you just really can't know the emotional devasta-

tion it causes to these Veterans themselves but equally important, what it does to their families.

I hope what I have said helps you in some way to better understand what a serious problem this is. We are not just talking about the veterans. We are talking about wives who don't allow themselves to be humans with feelings—who have had to be both mother and father to their children—who have lost track of who they are. We are talking about children who very much learn what they live. We are all victims of a disorder called Post Traumatic Stress.

None of these veterans asked to be in the position they are in today and now is when I would like to address the problems we have encountered with Fort Harrison.

When Tim was admitted to Fort Harrison in Oct., 1980, he was stuck off in a little room with bars on the windows. No one even seemed to be aware that I was there. They carried on a conversation as if I wasn't in the room, and what they had to say was not very flattering and only showed their ignorance of the problem they were treating. I heard one comment about what a nut this guy was. As I have stated, I am a Registered nurse. I've worked in many hospitals and family intervention has always been stressed. The last thing I needed to hear that night was such a comment, but I will never forget it. The night Tim was admitted, there was no crisis intervention. The people on duty were dealing with a case number, not a man and certainly not his wife. They only were interested in how fast they could get him in bed, shoot him with tranquilizers and get out of that room.

No one at Fort Harrison ever told us that there were programs available to help us deal with this problem. We found out about it strictly by accident one day when we took the ambulance bill up to see if the VA would pay it. We happened into the DAV office to ask who we had to go see and Mr. John Sloan asked Tim if he had filed a claim yet. If it hadn't been for the people at the DAV, we still would probably not be receiving treatment. Tim would still be a walking Time Bomb.

The V.A. set us up an appointment for a complete evaluation after Tim filed his claim in the first part of November, 1980. The end of April, 1981 we received a letter that scared me to death. It said, "you are hereby ordered to report to the Helena Comprehensive Guidance Clinic in Helena, Montana with all available family members on May 5, 1982 at such-and-such-a-time. Failure to keep this appointment or notify Fort Harrison that you are unable to keep this appointment will mean that another appointment will not be made." I think there must be a better way this could have been handled than that particular form letter. But, when you're only a number and not a person, your reactions to such a letter are not considered.

In June, 1981, I got a call from the Helena Comprehensive Guidance Clinic to ask me if I would like to participate in a wives group therapy session that would be starting in July. Tim was already scheduled to attend the veterans group. I decided to try and give our marriage one last chance, so I agreed to come.

When I met Joe Harrington, the psychiatric social worker in charge of the wives group, I finally found someone who seemed to care what all these years had done to me. For the first time in years, my feelings mattered. He helped me and all the wives understand what delayed stress was and how it affected families, not just veterans.

It hasn't been easy, but after 10 months of therapy, there is laughter in my home. Tim is finally able to start getting closer to his 3 sons. It has been able a little at a time to take some of the burden off me. I started feeling better about myself. There are even longer periods without a fight now. Things were starting to get better and I finally started believing that this time was different. This time the V.A. was going to help me and Tim and my children.

Then Joe Harrington got a call from Mr. Gary Orr at the V.A. (Fort Harrison) stating that dependants were no longer eligible for care at the Helena Comprehensive Guidance Clinic. I was abandoned again. All the old doubts were back—the V.A. just really can't be trusted. I was angry, Tim was angry, the children know something was wrong—all that progress went down the toilet. My household was as it had been a year ago.

I entered that program under the assumption that the V.A. had sanctioned it. Now that things were getting better—they say "sorry, you have to start all over again." Tim called the Fort the day we found out to try and get an explanation. He placed a call to 7 different people including Mr. Huddleston (who was gone on 2 weeks leave for the national guard), Mr. Cauldwell, Mr. Orr, Mr. Powers and several people in the veterans affairs office. He had Margo in the D.A.V. office transfer these calls. Each time the message was the same—they were "OUT OF THE OFFICE." The standard answer for phone calls from Vietnam Vets.

So we took matters into our own hands and the wives and husbands walked into Fort Harrison unannounced and demanded an explanation. That got things moving—seems the whole medical staff managed to clear their calendar to see us.

We were told in the initial meeting that it was: 1.) a matter of budget and 2.) the "intent" of the law was to provide this service on the V.A. grounds not in the private sector.

First of all, there is plenty of money, or would be if these vets didn't get sent for 2 to 3 evaluations to confirm what Dr. Brian Davis (a board certified psychiatrist) and the other highly qualified professionals at the Helena Comprehensive Guidance Clinic—had to say. This has happened repeatedly.

Second, to interfere with an existing Doctor-Patient relationship (one that they established) is highly unprofessional and as far as I'm concerned is malpractice.

The damage that Mr. Orr's threat to pull our group out of the Helena Comprehensive Guidance Clinic did was immediately and even reached out to involve my children. Unless we have the cooperation of the V.A. and the Congress, this nation must be made to realize that there will be a second and third generation of people suffering from post traumatic stress. My son is angry child now—soon he will be an angry young man—and then an angry adult—unless he gets the help he needs NOW. In the weeks since that phone call, I have had to deal with outbursts of temper that had not been seen for several months. None of that was necessary for me or any of the others. We live in homes where the difference between harmony and chaos is a fine line. We don't need the V.A. creating any more stress for us.

What we do need is a little help and cooperation to get better so that our husbands will be able to come back from the unpopular war and become productive members of society again and so our children can have a chance at life and so that we as wives can hear laughter not anger in our homes.

Please hear us and help us.

STATEMENT OF LINDA McLEAN, WIFE OF VIETNAM VETERAN, MISSOULA, MONT.

My name is Linda McLean. My husband William and I have been married for the last four and one-half years. We have lived together for the last eight years.

Before we got together I was warned by his friends that I should stay away from him because he was different when he got home from the war. Of course I saw him for what he was, a loving and peaceful man. How was I to know that he was suppressing all of his anger inside.

As the years went on his anger began to surface. He was angry mostly at the government for making him serve in a senseless war. He was angry because he got shot for nothing. He was angry because he could not hold a job. He was angry because he could not stand to be around a lot of people. And all this anger began to be directed toward me and then later toward our children.

The shrapnel that he was hit with caused a contusion in his brain stem and he has had headaches for as long as I can remember. Although this was just found out shortly it just gave him something else to be angry about. I am afraid that at any time he could become paralyzed or worse die.

I have lived with being strangled during the middle of the night. I was and still am afraid to sleep next to him. I never know nor neither does he when he will attack. His nightmares are very frequent and he moans and I don't know what to do about it. There is nothing I can do, but to help him get through the night. The thing that I thank God for is that he does not beat me nor is he an alcoholic like many of my friends' husbands.

We have been on the move constantly during the last eight years. We have lived in Missoula for the last 4 years only because we do not have the money to relocate. He feels safe here in a smaller town but the Missoula Valley reminds him too much of An Wan where he had the most fear.

We did make it through school but only because we were both in the same major and I mainly went to school and took the notes so that he could get through it by taking the tests and writing up papers. He just couldn't stand to be in a room crowded with people. This put a great strain on me because I like to be around people and I had to change my way of living to cope with him.

This past year has been the worst for us. I am at the point that I don't want to put up with these problems anymore. My oldest daughter has had to go into therapy because my husband has handed down a legacy to her. He has made her feel worthless and unwanted like he does. It seems no matter how much she tries it just isn't good enough. I have two more little ones and I don't think I can bare to let them go through any of the same problems.

My husband has been in therapy for the last two years but it took 13 years to get him in the state of mind that he is in. His doctor has said that it will probably take many more years to undo what the United States Marines did to him.

I remember one 4th of July. We were already sleeping when someone shot off a rocket. My husband grabbed my arm as if it were his rifle and just held on ready to charge. He could see lights where I couldn't. He thought he was back in Vietnam and he was just waiting for someone to yell charge. Thank God no one said anything and I began talking to him telling him that it was just a firecracker. He seemed to hear me but the next morning he remembered very little about the incident.

A couple of years ago I headed a group to help wives of Vietnam veterans. It was a small group of about six women but the problems were all the same. Some were getting beaten, others were just getting the cold treatment. When will this all end. I haven't any idea what happened to these women. I know that at least three of them have left their husband.

What does it take to convince the VA that my husband and my family are in real jeopardy. I just hope that this committee will see that there is a great need to help the Vietnam veteran and their families with better programs and better health treatment. This government has done a great injustice to the men who fought for their country and now this country must face up to what it did. Are you waiting for all the Vietnam veterans to go away. The families will still be here and we will be as angry as our men are.

We need help now—our children are suffering and we as wives are suffering too. I beg you to open your eyes and see the real problems as they are. The programs that have been set up are okay for a start but we all need help.

I blame you, the United States government and the VA system if anything happens to my husband or to my family and I am only one family. Think of the thousands of other families that you will have to think about too. Are you willing to have these problems go on as they are and then to get worse as the years go by. I think you better think twice about who the victims of the Vietnam war are. I never fought in that war but I am certainly being punished for it and I'm fighting mad.

Thank you for reading this and I hope you really read it.

VETERANS AFFAIRS DIVISION,
Missoula, Mont., June 14, 1982.

Hon. PAT WILLIAMS,
U.S. Congressman from Montana,
Longworth Office Building, Washington, D.C.

DEAR PAT: Following is a copy of the text of the letter I wrote our director, Mr. Armstrong regarding complaints by Veterans:

"I have received many, many complaints (many of them documented) by Veterans regarding their treatment—or lack of it—at the hands of the Fort Harrison VA.

"Complainants range from World War I Veterans, to Ex-"G.I.'s", to a retired Army E-7 and an Air Force Retired Lt. Colonel.

Complaints are mostly directed at adjudication and concern unnecessary delays, hasselling, harassment by the Adjudication Department, and unjust and unfair decisions.

"Many complaints involve the hospital itself. Cited to me are many cases of uncaring and callous treatment by some of the hospital personnel, (two physicians were singled out as being particularly harsh in their treatment of their patients.); poor service by nurses, no attendants in physical therapy, interminable delays in seeing doctors, refusal by some physicians (again two cited in particular) to acknowledge outside medical reports.

"Also cited were unsanitary conditions in hospital rooms (beds not made for six days, no toilet paper in lavatories, etc., etc.)

"The Viet Nam Veterans seem to be particularly vociferous in their complaints regarding their Agent Orange (and Delayed Stress) Examinations: Given the run around by physicians, in particular seems to be lack of referrals and follow-ups to qualified dermatologists.

"Medical Administration is being widely damned for some of the rules it is imposing particularly on Service Connected Veterans.

"I hope this information is helpful to you. Best regards."

Pat, I hope you will see fit to enter this information in to the record in this hearing.

Best regards, and I will hope to be able to sit in on the hearings and say "hello" when in Helena.

DICK ORMAN, *Service Officer.*

STATEMENT OF JOHN W. POWELL, SAN FRANCISCO, CALIF.

WESTERN VICTIMS OF JAPANESE BIOLOGICAL WARFARE TESTS

The first public indication that Chinese, American, Russian and perhaps British Commonwealth prisoners were used as human guinea pigs by the Japanese in their biological warfare experiments during World War II came from testimony at a Soviet trial of captured Japanese military personnel in Khabarovsk, Siberia, from December 25 to 30, 1949.

The Japanese had three main biological warfare (BW) research and production centers, each designated by a code name. Unit 731, headed by Lt. Gen. Shiro Ishii, the father of the BW program, was near Harbin. It concentrated on human diseases and it is estimated that 3,000 human experimentees died in germ tests at this one installation. Unit 100, outside Mukden, concentrated on animal and crop diseases, but also used humans in experiments involving transfer of animal diseases to man. The Tama Detachment was in Nanking and was involved in numerous field tests against Chinese civilians and military personnel. It, too, used humans in lethal germ tests.

The Khabarovsk trial record contains many eyewitness descriptions of the use of Asian PWs in lethal tests, and a few references indicating that Western prisoners were also subjected to germ experiments.

On of those on trial, Kawashima, former chief of Unit 731's Fourth Section, which cultivated microbes by the billions, stated in his testimony that American PWs were among the victims:

Question. Please tell us, did Detachment 731 study the immunity of Americans to infectious diseases?

Answer. As far as I can recall, that was at the beginning of 1943. I was in hospital at the time in Mukden, and Minata, one of the researchers of the detachment, came to see me. He told me about his work, and said that he had come to Mukden to study immunity among American war prisoners. Minata was sent specially by Detachment 731 to camps where Allied war prisoners were kept in order to study the immunity of Anglo-Saxons to infectious diseases.

Question. And for this purpose tests were made of the blood of American war prisoners?

Answer. That is so.¹

In the spring of 1947 U.S. investigators began an in depth investigation of Japan's BW program and by mid-year there was considerable discussion within the Truman Administration as to what course of action the United States should take. Medical and other scientific teams sent to Japan from the United States reported that the Japanese had made great progress in the effort to turn germs into weapons. If the U.S. could obtain exclusive possession of Japan's technology and the matter be kept secret from other nations, the American BW program would be greatly enhanced, our experts concluded. After considerable discussion a decision was made to grant the Japanese participants immunity from prosecution as war criminals if they would turn over their research data to the U.S. biological warfare center at Fort Detrick, Maryland.

I have obtained copies of some of these internal discussions, memoranda and position papers under the Freedom of Information Act.

On July 15, 1947, Mr. Cecil F. Hubbert, then a member of the State-War-Navy Coordinating Committee in Washington, cautioned that such a course of action entailed certain risks. He noted that the United States would be setting a double standard since it "is at present prosecuting leading German scientists and medical doctors at Nuremberg for offenses which included experiments on human beings which resulted in the suffering and death of most of those experimented upon."

Hubbert further warned that the cover-up might be exposed in a particularly embarrassing manner if the Russians suspected that a deal was underway and brought it up at the Tokyo War Crimes Trial:

"It should be kept in mind that there is a remote possibility that independent investigation conducted by the Soviets in the Mukden area may have disclosed evi-

¹ "Materials on the Trial of Former Servicemen of the Japanese Army Charged with Manufacturing and Employing Bacterial Weapons," Foreign Languages Publishing House, Moscow, 1950. p. 268

dence that American prisoners-of-war were used for experimental purposes of a BW nature and that they lost their lives as a result of these experiments."

Hubbert apparently felt the acquisition of Japan's BW expertise justified the risks involved as he endorsed the deal with General Ishii and his colleagues.²

Over the years the evidence that captured American soldiers were among the human guinea pigs used by Japanese medical scientists in their germ experiments remained "closely held" in the top echelons of the U.S. Government. A classified FBI memo on March 13, 1956, stated:

"Mr. James J. Kelleher, Jr., Office of Special Operations, DOD [Department of Defense], has volunteered further comments to the effect that American Military Forces after occupying Japan, determined that the Japanese actually did experiment with 'BW' agents in Manchuria during 1943-44 using American prisoners as test victims. . . . Kelleher added that . . . information of the type in question is closely controlled and regarded as highly sensitive."³

I recently spent a month in Japan talking with Japanese researchers and writers. Newspaper, magazine, radio and TV reporters are actively working on the story, but because of the intense rivalry which exists in the media there, they are guarded in what they will reveal to an outsider. However, it appears that much new information about Japan's BW effort will soon be published.

A Japanese writer finally agreed to "share" one of his informants with me. He was Naoji Uesono, who worked in 731's printing plant. He did not personally participate in any of the experiments, but knew quite a bit about what went on, both from conversations with other members and from his job, which was to print reports about many of the experiments.

He insisted that he really did not know if Americans were experimented upon at 731, stating that the "Western" victims "came from the south." Presumably they could have been either American PWs from the Philippines or British Commonwealth prisoners from Southeast Asia.

Japan's biological warfare effort and the subsequent U.S. cover-up have long been a hidden chapter of history. It was an unsavory episode which is finally getting the attention it deserves.

² This July 15, 1947, memo is addressed to Commander J. B. Cresap and signed "Cecil F. Hubbert, member working party (SWNCC 351/2/D)."

³ Federal Bureau of Investigation internal memorandum, dated March 13, 1956, and marked "confidential." It was addressed to the "Director, FBI (105-12804)" from "SAC, WFO (105-1532)."

THE BULLETIN

OF THE ATOMIC SCIENTISTS



**Neutron bomb:
reactions from
Europe**

**Safeguards
against
proliferation**

**Japan's
biological weapons:
1930-1945**

**High cost
of rearmament**



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ROBERT GOMER, JOHN W. POWELL and BERT V.A. RÖLING

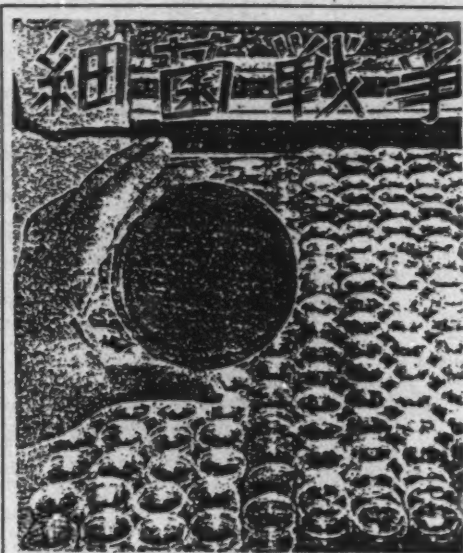
Japan's biological weapons: 1930-1945

When this story first reached the Bulletin, our reaction was horrified disbelief. I think all of us hoped that it was not true. Unfortunately, subsequent research shows that it is all too true. In order to verify the facts set forth here we enlisted the help of a number of distinguished scientists and historians, who are hereby thanked. It seems unnecessary to mention them by name; suffice it that the allegations set forth in this article seem to be true and there is a substantial file of documents in the Bulletin offices to back them up.

What other comment need one really make? Any reader with a sense of justice and decency will be nauseated, not only by these atrocities, but equally

so by the reaction of the U.S. Departments of War and State.

The psychological climate engendered by war is horrible. The Japanese tortured and killed helpless prisoners in search of "a cheap and effective weapon." The Americans and British invented firestorms and the U.S. dropped two nuclear bombs on Hiroshima and Nagasaki. In such a climate it may have seemed reasonable not to bring the Japanese responsible for the



Front page of article on "Bacteriological Warfare" by Sakaki Ryohel in *Sunday Mainichi* of January 27, 1962.

biological "experiments" to justice, but it was and remains monstrous.

By acquiring "at a fraction of the original cost" the "invaluable" results of the Japanese experiments, have we not put ourselves on the same level as the Japanese experimenters? Some politicians and generals like to speak of the harsh realities of the world in order to act both bestially and stupidly. The world clearly does contain harsh realities but somehow there is a sort of

potential divine justice: basic decency generally would have been the smartest course in the long run. Unfortunately there are few instances where it was actually taken.

The spirit and psychological climate which made possible the horrors described in this article are not dead; in fact, they seem to be flourishing in the world. The torture chambers are busy in Latin America and elsewhere, and the United States provides economic and military aid to the torturers. The earth-and-people destroying war waged by the United States not long ago in Vietnam, the apparently similar war being waged by the Soviets in Afghanistan, the horrors of the

Pol Pot regime in Cambodia, and the contemplation with some equanimity of "limited" nuclear war by strategists here and in the Soviet Union display the spirit of General Ishii. If we are to survive as human beings, or more accurately, if we are to become fully human, that spirit must have no place among men.—ROBERT GOMER (professor of chemistry at the University of Chicago, and member of the Board of Directors of the *Bulletin*).

JOHN W. POWELL

A hidden chapter in history

Long-secret documents, secured under the U.S. Freedom of Information Act, reveal details of one of the more gruesome chapters of the Pacific War; Japan's use of biological warfare against China and the Soviet Union. For years the Japanese and American governments succeeded in suppressing this story.

Japan's desire to hide its attempts at "public health in reverse" is understandable. The American government's participation in the cover-up, it is now disclosed, stemmed from Washington's desire to secure exclusive possession of Japan's expertise in using germs as lethal weapons. The United States granted immunity from war crimes prosecution to the Japanese participants, and they in turn handed over their laboratory records to U.S. representatives from Camp Detrick (now Fort Detrick).

The record shows that by the late 1930s Japan's biological warfare (BW) program was ready for testing. It was used with moderate success against Chinese troops and civilians and with unknown results against the Russians. By 1945 Japan had a huge stockpile of germs, vectors and delivery equipment unmatched by any other nation.

Japan had gained this undisputed lead primarily because its scientists used humans as guinea pigs. It is estimated that at least 3,000 people were killed at the main biological warfare experimental station, code named Unit 731 and located a few miles from Harbin. They either succumbed during the experiments or were executed when they had become physical wrecks and were no longer fit for further

germ tests [1, pp. 19-21]. There is no estimate of total casualties but it is known that at least two other Japanese biological warfare installations—Unit 100 near Changchun and the Tama Detachment in Nanjing—engaged in similar human experimentation.

This much of the story has been available for some years. What has not been known until very recently is that among the human guinea pigs were an undetermined number of American soldiers, captured during the early part of the war and confined in prisoner-of-war camps in Manchuria. Official U.S. reports reveal that Washington was aware of these facts when the decision was made to forego prosecution of the Japanese participants. These declassified "top secret" documents disclose the details and raise disturbing questions about the role of numerous highly placed American officials at the time.

The first public indications that American prisoners of war were among the human victims appeared in the published summary of the Khabarovsk trial. A witness stated that a researcher was sent to the camps where U.S. prisoners were held to "study the immunity of Anglo-Saxons to infectious diseases" [1, p. 268]. The summary noted: "As early as 1943, Minata, a researcher belonging to Detachment 731, was sent to prisoner of war camps to test the properties of the blood and immunity to contagious diseases of American soldiers" [1, p. 415].

On June 7, 1947, Colonel Alva C. Carpenter, chief of General Douglas MacArthur's legal staff, in a top secret cable to Washington, expressed doubt

about the reliability of early reports of Japanese biological warfare, including an allegation by the Japanese Communist Party that experiments had been performed "on captured Americans in Mukden and that simultaneously research on similar lines was conducted in Tokyo and Kyoto." On June 27, Carpenter again cabled Washington, stating that further information strengthened the charges and "warrants conclusion" that the Ishii group had violated the "rules of land warfare." He warned that the Soviets might bring up evidence of Japanese use of biological warfare against China and "other evidence on this subject which may have resulted from their independent investigation in Manchuria and in Japan." He added that "this expression of opinion" was not a recommendation that Ishii's group be charged with war crimes.

Cecil F. Hubbert, a member of the State, War, Navy Coordinating Committee, in a July 15, 1947 memo, recommended that the story be covered up but warned that it might leak out if the Russian prosecutor brought the subject up during the Tokyo war crimes trials and added that the Soviets might have found out that "American prisoners of war were used for experimental purposes of a BW nature and that they lost their lives as a result of these experiments."

In his book, *The Pacific War*, Professor Ienaga Saburo added a few new details about Unit 731 and described fatal vivisection experiments at Kyushu Imperial University on downed American fliers [2, pp. 188-90].

The biological warfare project began shortly after the Manchurian In-

cident in 1931, when Japan occupied China's Northeast provinces and when a Japanese Army surgeon, Ishii Shiro, persuaded his superiors that microbes could become an inexpensive weapon potentially capable of producing enormous casualties [1, pp. 105-107; 3]. Ishii, who finally rose to the rank of lieutenant-general, built a large, self-contained installation with sophisticated germ- and insect-breeding facilities, a prison for the human experimentees, testing grounds, an arsenal for making germ bombs, an airfield, its own special planes and a crematorium for the human victims.

When Soviet tanks crossed the Siberian-Manchurian border at midnight on August 8, 1945, Japan was less than a week away from unconditional surrender. In those few days of

grace the Japanese destroyed their biological warfare installations in China, killed the remaining human experimentees ("It took 30 hours to lay them in ashes [4]) and ship out most of their personnel and some of the more valuable equipment to South Korea [1, pp. 43, 125, 130-31]. Reports that some equipment was slipped into Japan are confirmed by American documents which reveal that slides, laboratory records and case histories of experiments over many years were successfully transported to Japan [4].

A "top secret" cable from Tokyo to Washington on May 6, 1947, described some of the information being secured:

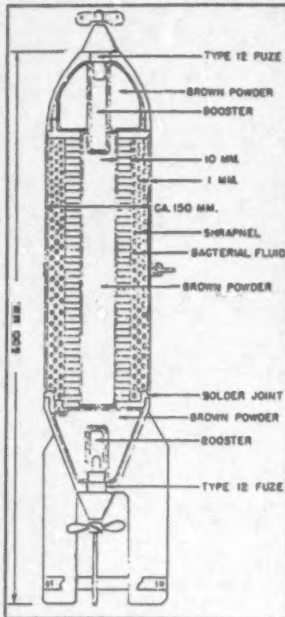
"Statements obtained from Japanese here confirm statements of USSR prisoners. . . . Experiments on humans were . . . described by three Japanese and confirmed tacitly by

Ishii; field trials against Chinese took place . . . scope of program indicated by report . . . that 400 kilograms [880 lbs.] of dried anthrax organisms destroyed in August 1945. . . . Reluctant statements by Ishii indicate he had superiors (possibly general staff) who . . . authorized the program. Ishii states that if guaranteed immunity from "war crimes" in documentary form for himself, superiors and subordinates, he can describe program in detail. Ishii claims to have extensive theoretical high-level knowledge including strategic and tactical use of BW on defense and offense, backed by some research on best agents to employ by geographical areas of Far East, and the use of BW in cold climates" [3, 6].

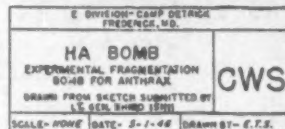
A top secret Tokyo headquarters memorandum for the record" (also dated May 6), gave more details:

"USSR interest in Japanese BW personnel arises from interrogations of two captured Japanese formerly associated with BW. Copies of these interrogations were given to U.S. Preliminary investigation[s] confirm authenticity of USSR interrogations and indicate Japanese activity in:

- Human experiments
- Field trials against Chinese
- Large scale program



Lt. General Ishii Shiro



PRODUCTION: 300 ROUNDS IN 1930
WEIGHT: 40 LB.
CAPACITY: 700 CC. BACTERIAL FLUID - 1500 STEEL PELLETS
FUZES: TYPE - YEAR IS "TOKU SHRAPNEL"
EXPLOSIVE: APPROX. 5 LB. BROWN POWDER (1941)



Ishii porcelain bacterium bombs manufactured by bacteriological laboratory of Japanese Unit 731.

October 1981 The Bulletin of the Atomic Scientists 45

BEST COPY AVAILABLE



John W. Powell was born in China and educated both in the United States and China. During World War II Powell was an editor with the U.S. Office of War Information. From 1945 to 1953 he edited the *China Weekly Review* in Shanghai, a magazine his father had

published for 23 years. Powell now lives in San Francisco (94131) where he is writing a book on biological warfare, based partly upon his personal observations in China and on material secured under the Freedom of Information and Privacy Acts.

d. Research on BW by crop destruction

e. Possible that Japanese General Staff knew and authorized program

f. Thought and research devoted to strategic and tactical use of BW.

Data . . . on above topics are of great intelligence value to U.S. Dr. Fell, War Department representative, states that this new evidence was not known by U.S. [6].

Certain low echelon Japanese are now working to assemble most of the necessary technical data. . . . Information to the present have [sic] been obtained by persuasion, exploitation of Japanese fear of USSR and Japanese desire to cooperate with U.S. Additional information . . . probably can be obtained by informing Japanese involved that information will be kept in intelligence channels and not employed for "war crimes" evidence.

Documentary immunity from "war crimes" given to higher echelon personnel involved will result in exploiting twenty years experience of the director, former General Ishii, who can assure complete cooperation of his former subordinates, indicate the connection of the Japanese General Staff and provide the tactical and strategic information" [7].

A report on December 12, 1947, by Dr. Edwin V. Hill, Chief, Basic Sciences, Camp Detrick, Maryland, described some of the technical data secured from the Japanese during an official visit to Tokyo by Hill and Dr. Joseph Victor [8]. Acknowledging the "wholehearted cooperation of Brig. Gen. Charles A. Willoughby," MacArthur's intelligence chief, Hill wrote that the objectives were to obtain additional material clarifying reports already submitted by the Japanese, "to examine human pathological material which had been transferred to Japan from BW installations," and "to obtain protocols necessary for

understanding the significance of the pathological material."

Hill and Victor interviewed a number of Japanese experts who were already assembling biological warfare archival material and writing reports for the United States. They checked the results of experiments with various specific human, animal and plant diseases, and investigated Ishii's system for spreading disease via aerosol from planes. Dr. Ota Kiyoshi described his anthrax experiments, including the

number of people infected and the number who died. Ishii reported on his experiments with botulism and brucellosis. Drs. Hayakawa Kiyoshi and Yamanouchi Yujiro gave Hill and Victor the results of other brucellosis tests, including the number of human casualties.

Hill pointed out that the material was a financial bargain, was obtainable nowhere else, and concluded with a plea on behalf of Ishii and his colleagues:

~~TOP SECRET~~
GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Military Intelligence Section, General Staff

AMU 500
27 Mar 47

BRIEF FOR THE CHIEF OF STAFF

1. This has to do with Russian requests for transfer of the former Japanese expert in Bacteriological Warfare.
2. The United States has primary interest, has already interrogated this man and his information is held by the U.S. Chemical Corps classified as TOP SECRET.
3. The Russian has made several attempts to get at this man. We have stalled. He now hopes to make his point by suddenly claiming the Japanese expert as a war criminal.
4. Joint Chiefs of Staff direct that this not be done but concern in a SCAP controlled interrogation requiring expert assistance not available in FSC.
5. This memorandum recommends:
 - a. Radio to WD for two experts.
 - b. Letter to USSR refusing to turn over Japanese expert.
 - c. Check Note to International Prosecution Section initiating action on the JCS approved interrogations.

DECLASSIFIED
E.O. 11652, Sec. 505 and 506 of (U)
CDSO 16 April 1978
F. W. Powell, et al. Dec 2/10/78

C. A. W.

~~TOP SECRET~~

~~TOP SECRET~~



The knowledge gained by the Japanese from their human experiments 'will be of great value to the biological warfare research program of the United States. ...'

U.S." They emphasized that the knowledge gained by the Japanese from their human experiments "will be of great value to the U.S. BW research program" and added: "The value to U.S. of Japanese BW data is of such importance to national security as to far outweigh the value accruing from war crimes prosecution."

A July 15 response to the Wetter-Stubblefield memo by Cecil F. Hubbert, a member of the State, War, Navy Coordinating Committee, agreed with its recommendations but warned of potential complications because "experiments on human beings . . . have been condemned as war crimes by the International Military Tribunal" in Germany and that the United States "is at present prosecuting leading German scientists and medical doctors at Nuremberg for offenses which included experiments on human beings which resulted in the suffering and death of most of those experimented upon" [10].

Hubbert raised the possibility that the whole thing might leak out if the Soviets were to bring it up in cross-examining major Japanese war criminals at the Tokyo trial and cautioned:

"It should be kept in mind that there is a remote possibility that independent investigation conducted by the Soviets in the Mukden area may have disclosed evidence that American prisoners-of-war were used for experimental purposes of a BW nature and that they lost their lives as a result of these experiments."

Despite these risks, Hubbert concurred with the Wetter-Stubblefield recommendation that the issue be kept secret and that the Japanese biological warfare personnel be given immunity in return for their cooperation. He suggested some changes for the final position paper, including the following casuistry: "The data on hand . . . does not appear sufficient at

this time to constitute a basis for sustaining a war crimes charge against Ishii and/or his associates."

Hubbert returned to the subject in a memorandum written jointly with E.F. Lyons, Jr., a member of the Plans and Policy Section of the War Crimes Branch. This top secret document stated, in part:

"The Japanese BW group is the only known source of BW from scientifically controlled experiments showing direct effects of BW agents on humans. In addition, considerable valuable data can be obtained from this group regarding BW experiments on animals and food crops. . . .

Because of the vital importance of the Japanese BW information . . . the Working Group, State-War-Navy Coordinating Sub-committee for the Far East, are in agreement that the Japanese BW group should be informed that this Government would retain in intelligence channels all information given by the group on the subject of BW. This decision was made with full consideration of and in spite of the following:

(a) That its practical effect is that this Government will not prosecute any members of the Japanese BW group for War Crimes of a BW nature.

(b) That the Soviets may by independent investigation disclose evidence tending to establish or connect Japanese BW activities with a war crime, which evidence the Soviets may attempt to introduce at the International Military Trial now pending at Tokyo.

(c) That there is a remote possibility that the evidence which may be disclosed by the Soviets would include evidence that American prisoners of war were used for experimental purposes by the Japanese BW group" [11].

In the intervening years the evidence that captured American soldiers were among the human guinea pigs used by Ishii in his lethal germ experiments remained "closely held" in the top echelons of the U.S. government. A "confidential" March 13, 1956, Federal Bureau of Investigation internal memorandum, addressed to the "Director, FBI (105-12804)" from "SAC, WFO (105-1532)" stated in part:

"Mr. James J. Kelleher, Jr., Office of Special Operations, DOD [Department of Defense], has volunteered further comments to the effect that American Military Forces after occupying Japan, determined that the Japanese actually did experiment with "BW" agents in Manchuria during 1943-44 using American prisoners as test victims. . . . Kelleher added that . . . information of the type in question is closely controlled and regarded as highly sensitive."

It is perhaps not surprising that it has taken so long for the full story to be revealed. Over the years fragments have occasionally leaked out, but each time were met with denials, initially by the Japanese and later by the United States. During the Korean War when China accused the United States of employing updated versions of Japan's earlier biological warfare tactics, not only were the charges denied, but it was also claimed that there was no proof of the earlier Japanese actions.

At the time of the Khabarovsk trial, the United States was pressing the Soviet Union to return thousands of Japanese prisoners held in Siberian labor camps since the end of World War II. When news of the trial reached Tokyo, it was dismissed as "propaganda." William J. Sebald, MacArthur's diplomatic chief, was quoted in a United Press story in the Nippon Times on December 29, 1949, as say-

'The value of the data to the United States is of such importance to national security as to far outweigh the value accruing from war crimes prosecution.'

ing the story of the trial might just be fiction and that it obviously was a "smoke screen" to obscure the fact that the Soviets had refused to account for the missing Japanese prisoners.

It is possible that some of Ishii's attacks went undetected, either because they were failures or because the resulting outbreaks of disease were attributed to natural causes by the Chinese. However, some were recognized. Official archives of the People's Republic of China list 11 cities as subjected to biological warfare attacks, while the number of victims of artificially disseminated plague alone is placed at approximately 700 between 1940 and 1944 [12, p. 11].

A few of the Chinese allegations received international press coverage at the time. The Chinese Nationalists claimed that on October 27, 1940, plague was dropped on Ningbo, a city near Shanghai. The incident was not investigated in a scientific way, but the observed facts aroused suspicion. Something was seen to come out of a Japanese plane. Later, there was a heavy infestation of fleas and 99 people came down with bubonic plague, with all but one dying. Yet the rats in the city did not have plague, and traditionally, outbreaks of plague in the human population follow an epizootic in the rat population.

In the next few years a number of other Japanese biological warfare attacks were alleged by the Chinese. Generally, they were based on similar cause and effect observations. One incident, however, was investigated with more care.

On the morning of November 4, 1941, a Japanese plane circled low over Changde, a city in Hunan Province. Instead of the usual cargo of bombs, the plane dropped grains of wheat and rice, pieces of paper and



cotton wadding, which fell in two streets in the city's East Gate District. During the next three weeks six people living on the two streets died, all with symptoms suggesting plague. Dr. Chen Wen-kwei, a former League of Nations plague expert in India, arrived with a medical team just as the last victim died. He performed the autopsy, found symptoms of plague which were confirmed by culture and animal tests. Again, there was no plague outbreak in the rat population [12, pp. 195-204].

On March 31, 1942, the Nationalist government stated that a follow-up investigation by Dr. Robert K.S. Lim, Director of the Chinese Red Cross, and Dr. R. Politzer, internationally known epidemiologist and former member of the League of Nations Anti-Epidemic Commission, who was then on a wartime assignment to the Chinese government, had confirmed Chen's findings.

Western reaction to the Chinese charges was mixed. Harrison Forman of the New York Times and Dr. Thomas Parran, Jr., the U.S. Surgeon-General, thought the Chinese had

made a case. But U.S. Ambassador Clarence E. Gauss was uncertain in an April 11, 1942, cable to the State Department, while Dr. Theodor Rosebury, the well-known American bacteriologist, felt that failure to produce plague bacilli from cultures of the material dropped at Changde weakened the Chinese claim [13, pp. 109-10]. Chen's full report, in which he suggested that it was fleas that were infected rather than the other material, was not made readily available by the Nationalist government.

Later disclosures of Japanese techniques would support Chen's reasoning: Fleas, after being fed on plague-infected rats, were swaddled in cotton and wrapped in paper, while grain was included in the mix in the hope that it would attract rats so that the fleas would find a new host to infect and thus start a "natural" epidemic.

At the December 1949 Soviet trial at Khabarovsk evidence was produced supporting the Nationalist Chinese biological warfare charges [14]. Witnesses testified that films had been made of some tests, including the 1940 attack on Ningbo. Japanese witnesses and defendants confirmed other biological warfare attacks, such as the 1941 Changde incident. Military orders, railroad waybills for shipment of biological warfare supplies, gendarmerie instructions for sending prisoners to the laboratories, and other incriminating Japanese documents were introduced in evidence [1, pp. 19-20, 23-24].

Describing the operation of Unit 731, the main biological warfare installation, located outside Harbin, the transcript summary stated:

"Experts have calculated . . . that it was capable of breeding, in the course of one production cycle, lasting only a few days, no less than 30,000,000 billion microbes. . . . That explains why . . . bacteria

'Biological weapons have massive unpredictable and potentially uncontrollable consequences. They may produce global epidemics and impair the health of future generations. ...

quantities [are given] in kilograms, thus referring to the weight of the thick, creamy bacteria mass skimmed directly from the surface of the culture medium [1, pp. 13-14].

Total bacteria production capacity at this one unit was *eight tons* per month [1, pp. 266-67].

Euphemistically called a "water purification unit," General Ishii's organization also worked on medical projects not directly related to biological warfare. In the Asian countries it overran, the Japanese Army conscripted local young women to entertain the troops. The medical difficulties resulting from this practice became acute. In an effort to solve the problem, Chinese women confined in the detachment's prison "were infected with syphilis with the object of investigating preventive means against this disease. [1, p. 357].

Another experiment disclosed at the Khabarovsk trial was the "freezing project." During extremely cold winter weather prisoners were led outdoors:

"Their arms were bared and made to freeze with the help of an artificial current of air. This was done until their frozen arms, when struck with a short stick, emitted a sound resembling that which a board gives out when it is struck" [1, pp. 289, 21-22, 357-58].

Once back inside, various procedures for thawing were tried. One account of Unit 731's prison, adjacent to the laboratories, described men and women with rotting hands from which the bones protruded—victims of the freezing tests. A documentary film was made of one of the experiments.

Simulated field tests were carried out at Unit 731's Anta Station Proving Ground. Witnesses described experiments in which various infecting

agents were used. Nishi Toshihide, Chief of the Training Division, testified:

"In January 1945 . . . I saw experiments in inducing gas gangrene, conducted under the direction of the Chief of the 2nd Division, Col. Ikari, and researcher Futaki. Ten prisoners . . . were tied facing stakes, five to ten metres apart. . . . The prisoners' heads were covered with metal helmets, and their bodies with screens . . . only the naked buttocks being exposed. At about 100 metres away a fragmentation bomb was exploded by electricity. . . . All ten men were wounded . . . and sent back to the prison. . . . I later asked Ikari and researcher Futaki what the results had been. They told me that all ten men had . . . died of gas gangrene." [1, pp. 289-90].

Among the many wartime recollections published by Japanese ex-servicemen are a few by former members of Unit 731 [15]. Akiyama Hiroshi told his story in two magazine articles and Kimura Bumpei, a former captain, has published his memoirs [16]. Sakaki Ryohei, a former major, has described how plague was spread by air-dropping rats and voles and has given details of the flea "nursery" developed by Ishii for rapid production of millions of fleas [17].

A more dramatic confirmation of Ishii's work was an hour-long Japanese television documentary produced by Yoshinaga Haruko and shown by the Tokyo Broadcasting System. A Washington Post dispatch on November 19, 1976, reported:

"In the little-publicized television documentary on the germ warfare unit, Yoshinaga laid bare secrets closely held in Japan during and since the war. . . . [She] traveled throughout Japan to track down 20

former members of the wartime unit Four of the men finally agreed to help, and the reporter found their testimony dovetailed with reports of war crime trials held in the Soviet Union."

Some of those interviewed by Yoshinaga claimed that they had told their stories to American authorities. Eguchi said that he "was the second to be ordered to G.H.Q. [General Headquarters]" and "they took a record" of his testimony. Takahashi, an ex-surgeon and Army major, stated: "I went to the G.H.Q. twice in 1947. Investigators made me write reports on the condition that they will protect me from the Soviets." Kumamoto, an ex-flight engineer, said that after the war General Ishii went to America and "took his research data and begged for remission for us all" [4].

Declassified position papers indicate a difference of opinion on how to deal with the question of immunity. The War Department favored acceding to Ishii's demands for immunity in documentary form. The State Department, however, cautioned against putting anything in writing which might later cause embarrassment, arguing that if the Japanese were told the information would be kept in classified intelligence channels that would be sufficient protection. In any event, a satisfactory arrangement apparently was worked out as none of the biological warfare personnel was subsequently charged with war crimes and the United States obtained full details of Japan's program.

The Japanese experts who, Dr. Hill hoped, would "be spared embarrassment," not only used their human guinea pigs in experiments to determine lethal dosages but on occasion—in their pursuit of exact scientific information—made certain that the experimentees did not survive. A group would be brought down with a disease

... I have therefore decided that the U.S. shall renounce the use of lethal biological agents and weapons, and all other methods of biological warfare."—Richard Nixon, 1969.

and, as the infection developed, individuals would be selected out of the group and killed. Autopsies were then performed, so that the progress of the disease could be ascertained at various time-frames.

General Kitano Masaji and Dr. Kasahara Shiro revealed this practice in a report prepared for U.S. officials describing their work on hemorrhagic fever:

"Subsequent cases were produced either by blood or blood-free extracts of liver, spleen or kidney derived from individuals sacrificed at various times during the course of the disease. Morphine was employed for this purpose"[18].

Kitano and Dr. Kasahara Yukio described the "sacrificing" of a human experimentee when he apparently was recovering from an attack of tick encephalitis:

"Mouse brain suspension . . . was injected . . . and produced symptoms after an incubation period of 7 days. Highest temperature was 39.8° C. This subject was sacrificed when fever was subsiding, about the 12th day."

Clearly, U.S. biological warfare experts learned a lot from their Japanese counterparts. While we do not yet know exactly how much this information advanced the American program, we have the Fort Detrick doctors' testimony that it was "invaluable." And it is known that some of the biological weapons developed later were at least similar to ones that had been part of the Japanese project. Infecting feathers with spore diseases was one of Ishii's achievements and feather bombs later became a weapon in America's biological warfare arsenal [19].

Dr. Leroy D. Fothergill, long-time

scientific advisor to the U.S. Army's Biological Laboratories at Fort Detrick, once speculated upon some of the possible spin-off effects of a biological warfare attack:

"Everything that breathes in the exposed area has an opportunity to be exposed to the agent. This will involve vast numbers of mammals, birds, reptiles, amphibians, and insects. . . . Surveys have indicated surprising numbers of wild life inhabiting each square mile of countryside. It is possible that many species would be exposed to an agent for the first time in their evolutionary history. . . . Would it create the basis for possible genetic evolution of microorganisms in new directions with changes in virulence for some species? Would it establish public health and environmental problems that are unique and beyond our present experience?" [20].

Perhaps President Richard Nixon had some of these things in mind when, on November 25, 1969, he renounced the use of biological warfare, declaring:

"Biological weapons have massive unpredictable and potentially uncontrollable consequences. They may produce global epidemics and impair the health of future generations. I have therefore decided that the U.S. shall renounce the use of lethal biological agents and weapons, and all other methods of biological warfare" [21].

Some research on defensive aspects was permitted by the ban. The line between defense and offense is admittedly a thin one. Nearly a year after the Nixon renunciation of biological warfare, Seymour Hersh wrote that the programs the Army wanted to continue "under defensive research in-

cluded a significant effort to develop and produce virulent strains of new biological agents, then develop defenses against them. This sounds very much like what we were doing before," one official noted caustically" [22].

There is a difference of opinion among observers as to whether the United States and other major powers have indeed given up on biological warfare. Some believe the issue is a matter of the past. However, its history has been so replete with deception that one cannot be sure. One thing seems certain: The story did not end with Japan's use of biological warfare against China; there are additional chapters to be written.

Available documents do not reveal whether anyone knows the names of any of the thousands of Chinese, Mongolians, Russians, "half-breeds" and Americans whose lives were prematurely ended by massive doses of plague, typhus, dysenteries, gas gangrene, typhoid, hemorrhagic fever, cholera, anthrax, tularemia, smallpox, tsutsugamushi and glanders; or by such grotesqueries as being pumped full of horse blood; having their livers destroyed by prolonged exposure to X-rays or being subjected to vivisection.

It is known, however, that because of the "national security" interests of the United States, General Ishii and many of the top members of Unit 731 lived out their full lives, suffering only the natural afflictions of old age. A few, General Kitano among them, enjoyed exceptional good health and at the time of writing were living in quiet retirement. □

1. *Materials on the Trial of Former Servicemen of the Japanese Army Charged with Manufacturing and Employing Bacteriological Weapons* (Moscow: Foreign Languages Publishing House, 1950), pp. 19-21. This volume is a summary of the transcript of the Soviet trial in Khabarovsk, Siberia, Dec. 20-25, 1949, of 12 captured Japanese Army personnel charged with participation in the biological warfare pro-

'Knowledge about what kind of bargain was being struck In the biological weapons area may strengthen the perception of the repulsiveness of war....

gram. For a later reference to the program see *Outline History of Science and Technology in Japan*, ("Nihon Kagaku Gijyutsu-shi Taikō"), Vol. 25 (Medicine 2, 1967), pp. 309-10. This account states that the biological warfare program was organized in 1933 and that "for special research on bacteria, members of the epidemic-prevention section shall be sent to Manchuria." It also stated that little was known about the program after the war since all records were said to have been destroyed and that the only evidence was that produced at the Khabarovsk trial. It did add, however, that there were reports that General Ishii had avoided prosecution by turning over his materials to U.S. authorities. I have not seen this volume and am indebted to John Dower, of the University of Wisconsin, who supplied the citation.

2. Ienaga Saburo, *The Pacific War* (New York: Pantheon, 1978).

3. Although most U.S. documents and the Soviet trial summary give Ishii credit for originating the biological warfare program, it is possible that he was only the chosen instrument. There are references indicating interest in the program at higher levels. The "staff officer" of Ishii's Operations Division was Lieutenant Colonel Miyata, who in real life was Prince Takada (I, p. 40). Ishii's friend at court was Gen. Nagata Tetsuzan, long Japan's top military man (I, pp. 106, 295), while the orders establishing the two original units were reputedly issued by the Emperor (I, pp. 10, 104, 413).

4. "A Bruise—Terror of the 731 Corps," Tokyo Broadcasting System television documentary, produced by Yoshinaga Haruko, shown Nov. 2, 1976. It has also been screened in Europe but not in the United States. However, the Washington Post (Nov. 19, 1976) carried a lengthy news story describing the film. In an interview with Post reporter John Saar, Yoshinaga said five former members of the biological warfare unit told her they were promised complete protection in return for cooperation with U.S. authorities. "All the important documents were given to the United States," she said.

5. This "top secret" cable [C-52423] also reveals that the first of the biological warfare experts to be sent from Washington to Japan had already arrived, referring to "Dr. Norbert H. Fell's letters via air courier to General Alden C. Walt," who was then chief of the U.S. Army Chemical Corps.

6. Cable from Washington to Tokyo on April 2, 1947, stating that Fell would leave for Japan on April 5. A cable from Tokyo to the War Department on June 30, 1947, warns that an "aggressive prosecution will adversely affect U.S. interests" and urges that Fell (presumably now returned to Washington) be shown recent cables because he is an expert and can appreciate the value of the Japanese sw material.

7. Top secret Memorandum for the Record (May 6, 1947) indicated it was in response to "War Department Radio W-94446 & SWNCC 351/1 and was signed "AW 35-6166"

8. "Summary Report on B.W. Investiga-

tions." Dated Dec. 12, 1947, and addressed to General Alden C. Walt.

9. Dated July 1, 1947, and titled "Interrogation of Certain Japanese by Russian Prosecutor," this memo also lists some of the material already obtained, including a "60 page report" covering experiments on humans and notes that other data confirms, supplements and complements U.S. research and "may suggest new fields for future research." Record Group No. 153, National Archives.

10. This July 15, 1947, memo is addressed to Commander J. B. Crisp and signed "Cecil F. Hubbert, member working party (SWNCC 351/2/D)."

11. Undated and titled "SPG 182/2," it was part of National Archives Record Group No. 153.

12. "Report of the International Scientific Commission for the Investigation of the Facts Concerning Bacterial Warfare in Korea and China," Peking, 1952.

13. Theodor Rosebury, *Peace or Pestilence* (New York: McGraw-Hill, 1949).

14. In order to ascertain the Nationalist position on this issue after the passage of some 40 years, I checked with Taipei and am grateful to Lieutenant General Teng Shao-wei, of the Nationalist Defense Ministry's Medical Bureau, who searched the Taiwan archives. His report is

in substantial agreement with the records of the People's Republic in Beijing, although less complete.

15. *Bungei Shunrui*, Aug. 1955; *Jimbutsu Ohrsai* (July 10, 1956).

16. "Terrible Modern Strategic War" by Kimura Bumpel. I have not seen this book and am relying upon a brief description of it contained in a March 31, 1955, letter from Tokyo attorney Morikawa Kinju to A. L. Wirin, chief counsel of the American Civil Liberties Union in Los Angeles.

17. *Sunday Mainichi*, No. 1628 (Jan. 27, 1952).

18. "Songo-Epidemic Hemorrhagic Fever," report dated Nov. 13, 1947, based on interview with General Kiuno Masaji and Dr. Kasahara Shiro.

19. "Feathers as Carriers of Biological Warfare Agents," Biological Department, Chemical Corps So and C Divisions (Dec. 15, 1950).

20. Leroy D. Fothergill, M.D., "Biological Warfare: Nature & Consequences," *Texas State Journal of Medicine* (Jan. 1964).

21. *New York Times* (Nov. 26, 1969).

22. *Washington Post* (Sept. 20, 1970).

This article is based, in part, on an article by the author in *Bulletin of Concerned Asian Scholars* (P.O. Box W, Charlestown, MA 01339), 12:4, pp. 2-15.

BERT V.A. RÖLING

A judge's view

As one of the judges in the International Military Tribunal for the Far East, it is a bitter experience for me to be informed now that centrally ordered Japanese war criminality of the most disgusting kind was kept secret from the Court by the U.S. government. This Japanese war criminality consisted, in part, of using human beings, prisoners of war, Chinese as well as American, as "guinea pigs" in an endeavor to test the impact of specific biological warfare weapons. Research on and production of these weapons was not forbidden at that time. The Protocol of Geneva, 1925, forbade their use only in battle. But to use human beings for biological experi-

ments, causing the death of at least 3,000 prisoners of war, was among the gravest war crimes.

The first information about these Japanese atrocities became known through the trial at Khabarovsk, December 25 to 30, 1949. I remember reading about it [1], and not believing its contents. I could not imagine that these things had happened, without the Court in Tokyo being informed. According to the book about the trial all the facts were transmitted to the chief prosecutor, Joseph B. Keenan. But some of the information was incorrect. The book mentions that the Military Tribunal was informed of the wicked experiments done by the Tama division in Nanking, and that it requested the American prosecution to submit more detailed proof [1, p. 443]. Such Court procedure would not have

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... It may also show the danger of moral depravity, in peacetime, within the circles that have the instruments of military power in their hands.'

been in conformity with Anglo-Saxon practice. It is more likely that the information was given to the chief prosecutor.

A further feature of the Khabarovsk book is the strange character of the confessions made by the accused. Some are quoted as saying that they acted upon the special secret orders of the Japanese emperor [1, pp. 10, 519]. This was bound to cause doubts about its credibility. The emperor does not give orders to perform specific military acts. Everything that is ordered by the government and its officials is "in the name of the emperor." But his role is remarkable in that he may not make decisions; he has only to confirm decisions of the government. The "imperial will" is decisive, but it derives wholly from the government and the small circle around the throne. Titus stresses the "ratification function" of the reached consensus [2, p. 321]. It is clear that this imperial confirmation gives a decision an exceptional authority: the command of the emperor is obeyed. In fact, however, the emperor has a kind of loud-speaker function. He is heard, and obeyed, but he speaks only on the recommendation of the government.

Very seldom does the emperor act in a personal manner. One such occasion was his criticism of the behavior of the Japanese army in Manchuria (the so-called Manchurian Incident). Another related to his role in connection with the capitulation at the end of World War II. Despite the atomic bombs and the entry of the Soviet Union into the war, the cabinet was divided and could not come to a decision because the military members refused to surrender. Their motivation: the existence of the imperial system was not sufficiently guaranteed. In a very exceptional move, the emperor was brought in to make the decision. He took the risk, and decided for immediate capitulation.

Thus the emphasis on the personal secret involvement of the emperor in the Khabarovsk trial account made it appear untrustworthy. The whole set-up could be perceived as a source of arguments in favor of indicting the emperor. I remember at that time, writing to show the danger of national postwar judgments which could easily be misused for political purposes, and giving the Khabarovsk trial as an example. I must state now that the Japanese misbehavior as described in the judgment, has been confirmed by the recently disclosed American documents.

Immunity from prosecution was granted in exchange for Japanese scientific findings concerning biological weapons, based on disgusting criminal research on human beings. We learn from these documents that it was considered a bargain: almost for nothing, information was obtained that had cost millions of dollars and thousands of human lives. The American authorities were worrying only about the prospect of the human outcry in the United States, which surely would have taken place if the American people had been informed about this "deal."

The secrecy that surrounds the military makes it possible for military behavior to deviate considerably from the prevailing public standard, but it is a danger to society when such deviation takes place. It leads gradually to contempt for the military, as witness the public attitude in connection with military behavior in the Vietnam war. The kind of military behavior that occurred in connection with the Japanese biological weapon atrocities can only contribute further to this attitude.

Respect for what the Nuremberg judgment called "the honorable profession of arms" is needed. Military power is still indispensable in our present world to provide for peace and

security, so it is desirable for it to be held in high esteem. Power which is despised may become dangerous. Moreover, only if the military is regarded with respect, will it attract the personnel it should have.

The same is true of diplomatic service, which needs national and international respect. This respect will disappear if the service indulges in subversive activities, as the U.S. diplomatic mission did in Iran. That diplomatic misbehavior in Iran led to developments—the hostage crisis—which were disastrous for the whole world.

The documents which have come to light inform us also of the use of biological weapons in the war against the Chinese people. The criminal warfare was not mentioned in the Tokyo indictment, and not discussed before the Military Tribunal. It was kept secret from the world. The immunity granted to the Japanese war criminals covered not only deadly research on living persons, but also the use of biological weapons against the Chinese. And all this so that the United States could obtain exclusive access to the information, gained at the cost of thousands of human lives.

Knowledge about what kind of bargain was being struck in the biological weapons area may strengthen the perception of the repulsiveness of war. It may also show the danger of moral depravity, in peacetime, within the circles that have the instruments of military power in their hands. □

1. *Materials of the Trial of Former Servicemen of the Japanese Army Charged with Manufacturing and Employing Bacteriological Weapons*. (Moscow: Foreign Languages Publishing House, 1950). The book expressly stated: "The Soviet prosecution at the International Tribunal handed Joseph B. Keenan, the chief American prosecutor, the written evidence of Kawashima and Karasawa which contained a sufficiently full exposure of the crimes committed by the Japanese ruling clique in performing wicked experiments on human beings to test bacteriological weapons."

2. G. David Anson Titus, *Palace and Politics in Prewar Japan* (New York: Columbia University Press, 1974).

STATEMENT OF RUDDY R. REILLEY, SERVICE OFFICER, VETERANS AFFAIRS DIVISION,
GREAT FALLS, MONT.

1. The fact that there are apparently no board qualified or state licensed physicians or qualified specialists in any field assigned to VAH, Fort Harrison, Mt.
2. The fact that all decisions as to need for evacuation and treatment of anything other than simple hernias must await the somewhat haphazard arrival of Specialists from VAH, Salt Lake City, Ut.
3. The fact that although there is no heart unit at the V.A. Hospital, Fort Harrison Mt., the V.A. refuses to pay for emergency travel and treatment of service-connected disabled veterans at the nearest civilian hospital with qualified cardiologists, surgeons and heart units.
4. The fact that numerous compensation claims are rated without the Veteran having been examined by the V.A. for any condition.
5. The fact that compensation ratings are being reduced based on examinations by personnel unqualified in the field, i.e., Rheumatologists, Dermatologists, Cardiologists, Neurologists, etc.
6. The fact that a civilian doctor recommends orthopedic shoes for a Service-connected Veteran in November, and the VA still has not issued the shoes in March, although the V.A. did issue a card authorizing repair of the shoes that have not as yet been issued.
7. The fact that numerous veterans are examined only by a registered nurse, and never actually see a physician.
8. The fact the decisions as to Service-Connected compensation are being made by person or persons who have never been on active duty with any military service.
9. The fact that a Veteran is scheduled for an appointment at Fort Harrison, which results in the man taking leave from work, only to arrive at Fort Harrison and find out there is no doctor available or that the appointment has been cancelled with no notification to the vet.

STATEMENT OF GREGORY RODRIQUEZ, SR.

Mr. Chairman and members of the House Committee: I wish to express my appreciation for the opportunity to insert this, my testimony, into the record.

I enlisted on February 6, 1941 to serve in the United Army Coast Artillery Corp. It was my preference to go to Fort Mills and be a member of the 59th. C.A.C. stationed in the Philippine Islands. Arriving in the Philippines in April 1941, I was stationed on the island fortress of Corregidor.

From that point in time my life can be described by three words, "Committed, conquered, condemned."

When the Japanese attacked Pearl Harbor on December 7, 1941 we in the Philippine Islands, as America's first line of defense, were "committed" to the battle which followed.

With arms and equipment adequate in World War I, but sadly inferior to the automatic fire power and weaponry used by our enemy, we put up a stubborn resistance. For five months the American defenders of Bataan and Corregidor held the Imperial Japanese Army at bay, upsetting their time table of conquest. Outnumbered and outgunned we were finally overwhelmed. From that point in time we were the "conquered" ones. April 9, 1942 Bataan was surrendered. On May 6, 1942 Corregidor, Fort Hughes, Fort Drum, Fort Henry and other defenses were surrendered.

Abandoned but unbowed we faced an uncertain future. The survivors on Bataan had already experienced the infamous "Death March". The conditions and inhumane treatment inflicted upon them, on that march, decimated their ranks through malnutrition, dysentery, starvation and brutal executions committed by the enemy upon their helpless captives.

We on Corregidor, were held in the 92nd garage and motor pool area on Monkey Point for two weeks. The three days of captivity without food or water left us physically weak. On the fourth day we were issued a tablespoon of dried rice and a canteen of water twice a day. After about two weeks of captivity I was loaded on a small inter-island ship with a group of men from the 92nd area compound. After we arrived at the Cavite Naval Base we were forced off the ship one mile from shore. We were forced to swim inland or drown. Thank God I was a good swimmer! We were marched to Bilibid Prison and later to Cabanatuan Camp No. 3. From there we went on the "Hell Ship" Totura Maru to Hoten Camp Mukden, Manchuria.

If I were to write all that I experienced as a prisoner of war, it would fill four to five hundred pages in a book. We were "condemned". We, the survivors, suffered

the consequence as the price for our freedom. We were held for an average of 39 months of captivity.

Many of us have wounds that are readily discernible to the naked eye. We also have wounds that are not so easily seen. Unseen wounds have left residual effects of beriberi, malnutrition, avitaminous, malaria, dengue fever and stress related ailments.

We, as survivors of Bataan and Corregidor, and all EXPOWs, are still "committed" to fight for rights we feel are deserved to live our remaining years with "dignity". Is this too much to ask for the sacrifice we made to preserve the freedom we all enjoy today?

Must we once again experience being "conquered," not by foreign and hostile forces, but by our own bureaucrats who demand "proof" that we are plagued by the residuals of these disease and stress related ailments?

Are we "condemned" to a fruitless battle for fair and better treatment already won by our friends and fellow prisoners of war in Canada?

Must we remain "condemned" to pay the price, both mentally and physically, by demands placed upon us to supply records by the very people who in thier own words stated in the recent study on EXPOWs, "The burden of proof no longer rests with the claimant, but upon the Administration."

Finally gentlemen, the fortunes of war "condemned" us survivors to three years or more of mans inhumanity to man. If we were called to serve our country once more, my comrades and I would, to a man, volunteer to serve wherever we were sent.

The love of freedom demands sacrifice in times of war. The loss of our freedom for a time makes it all the more precious for the EXPOW.

Are we asking too much? Have we not earned the right to live our few remaining years with dignity and pride? Surely a country that can supply millions of dollars for foreign aid and benefits to people in foreign lands can set aside a portion of its wealth to provide for its own.

STATEMENT OF DARLENE SIEWERT, WIFE OF VIETNAM VETERAN, EAST HELENA, MONT.

I am submitting this statement to the Subcommittee on Oversight and Investigations in the hopes that some if not all of these problems can be eliminated.

My husband has had numerous dealings with Fort Harrison, most of which have been unpleasant, to say the least.

A few years ago, he was having severe pain in his knees and back, a problem he still suffers from. He showed up promptly for his doctors appointment, but was kept waiting for over an hour. Finally, after x-rays and seeing a doctor, he was told that there was nothing wrong with him. This was enough to make us both very angry, as the pain he suffers is very real, but the fact that they sent him home with pain killers was the limit. Why would they on one hand say that there was nothing wrong with him and on the other hand give him pain killers? That act makes no sense whatsoever to my husband or myself.

It is virtually impossible to get an appointment at Fort Harrison with out a long wait of two weeks or in many cases, longer. When you do get one, you are kept waiting and then shuffled from office to office like bottles on an assembly line. This seems to be the attitude the VA has.

I realize as does my husband, that the amount of people seen everyday at the Fort is staggering, but, they are all human beings and deserve to be treated as such. These people were all in service to the United States, whether in Viet Nam or not, they should be treated with consideration and respect. I for one think that they have earned it.

If these people are treated so disrespectfully by their own organization, the Veterans Administration, how can the rest of society be expected to act towards them? My husband was issued a Fee Basis Card, which entitles him to medical care not available at Fort Harrison. The first and only time he tried to use it he was informed by telephone and mail that it had been canceled. Their excuse was and I quote, "Since you apparently are no longer in need of recurring treatment on a regular basis, you do not meet the criteria for an I.D. Card at this time. We have therefore canceled you card, effective the date of this letter."

This turn of events did absolutely nothing to insure his or my trust in the V.A.

While dicussing this with a Mr. Jeff Harrison at the VA, it was found that my husband's files were not in proper order. Some of the information was totally wrong and some was missing completely. As of this date we have received no confirmation that the files have been corrected.

My husband also suffers from Post Traumatic Stress Disorder. The above mentioned dealings have been like adding fuel to the fire. He is extremely angry and depressed after an episode with Fort Harrison.

My husband is not the only victim of this disorder. It has also had adverse effects on our children and myself.

The emotional and financial stress, along with the uncertainty of day to day life are something we must all learn to deal with.

This is a very difficult way of life.

My husband has constant nightmares about Vietnam, that he can't seem to discuss with me or anyone else. The lack of sleep doesn't help matters for either of us.

He has problems dealing with society, especially with those people in a role of authority. We have spend most of our nine years of marriage in virtual isolation. We have no friends outside of a few other Viet Nam Vets. I've gotten so use to this type of life, that I find it extremely difficult to go out with the general public myself.

His moods change from one moment to the next. From hopeful and confident, to distrustful and depressed. He feels as if there is no one he can completely place his trust in.

His moods of depression bring on anger, not only at himself, but at the VA, myself and our children. When he gets like this, I try to keep the children out of his way. He can be violent and dangerous in this frame of mind. The safest thing to do is keep your distance.

It is something like living in a combat zone. We must all be constantly alert, ready for the unexpected. Whether it be peaceful calm or uncontrollable rage, we have to be ready to handle it with the proper reaction. If the wrong one is chosen it can bring on even more rage. Sometimes, it is best to just keep quiet and discuss it at a better time.

At times the guilt I feel is a very heavy weight to bear. I wonder if in some way I am making matters worse for him. Maybe I could be a better wife, and more of a help to him.

His anxieties become a part of all of us and the strain of living like this has taken it's toll.

My husband is currently unemployed and has been for almost a year now. There is no job forseen in the near future.

We lost our small farm over three years ago and have been living with my mother in a one bedroom house. My husband, myself, and our two month old baby sleep in the basement. Our sons, age six and four sleep in a small bedroom with my mother. It is not an ideal situation for any of us.

Both my husband and I fear for our children, they idolize their father and his uncontrollable temper is beginning to rub off on the boys.

I have been called to the school many times because of our six year olds outbursts. The last time he got angry, he threw his desk across the room. Our four year old is displaying the same signs.

My husband heard about Post Traumatic Stress Disorder from another Viet Nam Vet and the DAV and started attending the group sessions held by the Helena Comprehensive Guidance Clinic. Subsequently, I began to attend the sessions held for the wives.

Through these groups, a line of communications has opened up between my husband and myself. There is still much we can't discuss together, but at least this is a beginning.

I have a much better understanding of my husband's anxieties and my own.

I've learned better timing and have even found some answers. That is something I haven't been able to do in nine years.

There are still emotinal and physical problems we must learn to deal with.

For instance my husband's inability to let me go anywhere without him. He is afraid for my safety.

Things are better now although his moods are less predictable.

These groups have helped us admit that there is a legitimate problem and help is available.

We have a long way to go, but we realize, through the groups, that there is hope for the Viet Nam Veteran and his family.

We joined the sessions late, but in a way it has given us an advantage. Others have gone through this and survived. There have been many improvements made.

The only difference I would like to see in the program is for the VA to broaden it to include other family members or persons closely attached to a victim of Post Traumatic Stress Disorder. It is a truly difficult situation to understand and cope with.

The more loved ones involved in these groups, the more Viet Nam Vets that can be reached and helped.

In summarizing, I would like to stress the fact that many improvements are needed in the amount and quality of care available at Fort Harrison, not only for Viet Nam Vets, but all veterans and their dependents.

I sincerely hope that this hearing helps bring about the necessary changes.

STATEMENT OF KEITH SIEWERT, VIETNAM VETERAN, EAST HELENA, MONT.

In December of 1970, I returned to this country after spending thirteen months 14 days in Viet Nam.

Upon my return I started having severe pain in my back and knees. Still young and naive, I went to the Veterans Administration with the thought that they are there for the Veteran, to help the Veteran return to America and start a new life.

This should have been true, especially for the Viet Nam Veteran, for they were and are faced with a large portion of America's population very much against the war and the soldiers who fought in it.

The one place a Veteran should have been able to go for assistance and medical help and to be treated as a first class citizen should have been the VA.

But no, you learn very quickly that is not the case, as in my situation.

Because the pain in my back and knees had not subsided, in February 1971, approximately 40 days after my discharge, I went to the VA and filled out the necessary paper work, I thought. I was scheduled for an examination. One of the first things they said to me was, "I see by your records you received a Purple Heart for fragment wounds to your back and right arm." I told them yes, but that was not the true extent of my injuries. I tried to explain that the armored personnel carrier I was riding on hit an anti-tank mine. The so called fragment wounds were really cuts and abrasions I received from landing on the machine gun shield. Ever since then I have had pain in my back and knees. It became worse when I returned to the cold temperature in Washington.

They took numerous x-rays and the doctor told me he couldn't find any fragments in them.

I tried again to explain that I didn't suffer any fragment wounds so it would be impossible to find them in my x-rays. I asked him why I suffered from this pain. His reply was that I had arthritis and he couldn't do anything for me.

I inquired as to what I could do next. He asked me if I had filed a claim. I replied that I thought I had. He then told me that they would send me the results.

Two months went by and I hadn't received any information, so I called them. They told me that I must be rated less than 10 percent or I would have heard by now. I left it at that thinking perhaps there was no rating for arthritis.

Later in 1979, I decided to try again for some help from the VA. I was married by then with two sons.

Symptoms of Agent Orange had showed up in my family. My wife had a number of miscarriages and both of my sons have had surgery for rare medical disorders.

I was unable to hold a job because of the physical pain and the emotional stress I was suffering.

Again, I was scheduled for an exam and a multitude of x-rays. This time I was kept waiting for three and a half hours because they said I was not service connected for my knees and back. This is something I thought I was rated for in 1971. The doctor told me again, that he could find no evidence of fragment wounds, only arthritis. He prescribed medication for inflammation and pain.

The final blow came a few months later, when they sent me a 0% rating for fragment wounds to my back and right arm.

I think, that probably at this point anyone would be frustrated, angered and distrustful of the incompetence of the total VA system, as it was in and 1979 and still is as of the date of this hearing. They are unwilling to admit any error on their part.

There seems to be no organization or co-operation between offices at Fort Harrison. They are all in a world of their own.

I wonder how a system set up to help a Veteran can possibly do them justice when their own branches with in the Administration, can't seem to co-operate with each other.

The different departments in the Veterans Administration devour the Viet Nam Veteran. We are lost in the mountains of paper work and miles of red tape. We are second to the importance of self preservation of their system.

Speaking as an American who cares, I feel that it is time for budget cuts. Not to the needs of the Veterans, but to the Administrations bureacratic waste; not only of precious funds, but time and man power.

If they would just limit the waste so that the Veteran was at least as important as their system it would help.

Perhaps, I'll be admonished for speaking out against the VA, but I can't stand by quietly any longer and let these gross injustices continue.

The Veteran has very little acknowledgement from the system, because he is no longer important to them.

This Sub-Committee has the power to do something about it and hopefully they will.

On March 4, 1982, I sent a letter to the Adjudication Officer at Fort Harrison, requesting that my earlier claim be re-opened, as my back and knees were still causing me pain. Possibly with some luck I could get them to understand the true nature of my disabilities.

With the help and encouragement of other Viet Nam Veterans and the Disabled American Veterans, I recognized that I had many of the symptoms of Post Trumatic Stress and so I filed an additional claim which is also being reviewed.

Upon request for evaluation of this disorder I was attacked with a barrage of paper work, which is extremely difficult for a Stress Victim to deal with. All of this information was readily available to them in my records.

The psychiatric evaluation I understand is necessary although, I wonder if so many are needed or is this just another way for the VA to try to discredit the Viet Nam Vet.

Not long ago the VA tried a new tactic to undermine the needs of Delayed Stress Victims and his family in understanding and coping with this disorder.

They were trying to cut funds to exclude the wives group and move the men's group out to the Fort. This is the last place a Viet Nam Veteran wants to go as we feel the VA has compounded our problems through the years.

The United States Government is readily available to assist other countries, hostile or not with foreign aid, etc. Why then, are they so unwilling to help their own people, especially we the Veterans, who have served our country? I feel it is time to step back and look at our own citizens needs before the needs of other nations.

I am still waiting to be treated as a first class citizen and I wonder how many other Veterans are waiting for the same thing.

I for one, would like to become a useful and productive human being again.

I want to thank you for your time and consideration in reading this statement.

STATEMENT OF WARREN W. SMITH, FORMER PRISONER OF WAR, HELENA, MONT.

AN APPEAL TO THE PRESIDENT AND TO THE CONGRESS OF THE UNITED STATES, JUNE 19, 1982

Military personnel continued to be assigned to the Far East and in particular to the Philippine Islands even though as far back as the 1920s American planners conceded the area would be sacrificed in a war considered inevitable with Japan.

War Plan Orange contemplated a delaying action in the Philippines to buy time for the Nation at home. There was no plan for the relief of a besieged garrison or for the dispatch of reinforcements.

The Five Power Naval Treaty prohibited the construction of new forts. The 31st Infantry was not brought up to strength, because it was thought such action might upset Japan.

It was argued we should withdraw to the 180 meridian.

There was a plan to abandon the Philippines, but there was no plan to evacuate Americans or to reinforce the military personnel stationed there. All efforts to arm the islands was ham-strung by politics and a lack of funds. As a result the battle, to give time for a nation at home, was fought with 19th century equipment.

War Plan Rainbow five followed Orange and declared the war would first be fought in Europe. It compounded American intent and sealed the fate of the military forces in the Philippine Islands. Their destiny, for the most part though, had been determined while they were still in knee pants.

These men were sacrificed just as sure as maidens, long ago, were sacrificed by the Incas in Peru.

Only after the battle was lost did American public opinion stir a belated attempt to send help. It was too late and too little.

The Philippine Islands had been a military suicide assignment. Military personnel assigned in the islands did not know it and the American public was not aware of it, but the Chiefs of Staff knew it and the government in Washington knew it!

It would be interesting to determine how many would have volunteered for an assignment in PI, Wake or Guam, had they been advised of War Plans Orange and Rainbow Five.

It is not nice, or an easy thing to face, when you are sold down the river by your own government. It contributes to the mental anguish still experienced by those lucky enough to have survived. The anguish is compounded by out right grants, ridiculously low interest rates and other benefits afforded foreigners and alien governments; by the tear jerking empathy for every non-American unfortunate; by our country's willingness to pay for the sins of our ancestors, but in contrast the veterans of Bataan and Corregidor must beg for crumbs at the feet of the Veterans Administration.

Yes! Most of us who still survive are crazy; broken in health and not much good for anything. Any person who will take the time to study the mountains of evidence, can without much effort, determine the reason.

As a group we do not have many votes, but we feel we should be as important as a non-citizen. It's one of many things that drives us up the wall.

At one time we were all important; the keystone; the finger in the dyke. We held the line when America, Australia, and many peoples of the world needed us to hold desperately.

Are we now to be discarded and forgotten like empty beer cans?

We are a small group. Most of us are dead. There is not a single individual remaining, who does not daily experience the residual effects of battle and prison. We have many health problems—many difficult to prove a service connection. A recognition by the Veterans Administration that we are 100 percent disabled would not only solve our continuous hassle to prove service connection, but it would also save money for the government in processing claims.

We do not want charity. We want compensation! Compensation for a job well done. Compensation for our ill health. Compensation for extending the battlefield into the prison camps and thus depriving the enemy of manpower, efficiency and equipment. Compensation for the nightmares with dead comrades marching through our brains. Compensation for the residual effects of more than forty years of frustration and remembering. Remembering the dead, the dying, the starving, and that there was no plan for reinforcements or evacuation.

We don't want a lot. We can be satisfied by only a small fraction of what the nation pours down foreign and domestic rat holes.

STATEMENT OF JOYCE WOODLAND, WIFE OF VIETNAM VETERAN, TOWNSEND, MONT.

My name is Joyce Woodland. My husband's name is Daniel, he too is a Vietnam veteran. I am writing to let you know what my family has gone through in the past ten years.

Daniel came home from the war and he was not the same man. I knew him when he left. He came home in the middle of his tour to marry me. When he walked through that door, he looked like bones. I knew something was wrong and he finally broke down and told me that in order to survive what was going on over there, he was hooked on drugs. The army wouldn't even let him stay home long enough for me to have his first born child. (It was only a few weeks away.)

When he came home, he couldn't stay in one place for very long. We moved numerous times from state to state! When our oldest son started school we decided to stay in one place. That's when Daniel decided to go back to school. Well, that only lasted for one semester, because the VA—Mr Robert Sexton—told him that his grades weren't good enough. They told him he had two choices: either transfer to Havre, Montana, (where school was easier) or drop out! As I said, we wanted to stay in one place, so he dropped out. Now the VA wants money back because he had to drop out and they gave us two weeks too much. They did not offer him any counseling to help him adjust to school environment. Let me tell you, if you were out of school for ten years, you too would have trouble getting back into studying.

Last September, Mr Sexton sent down a court order for Daniel because he failed to pay back the money. Because of the choices they gave him, I don't feel we should have to pay it back. He did talk to someone at Fort Harrison. He keeps telling me that if they come back in the store (where he works) he will blow off their heads! Do you realize what that is putting me through?

We started going to the group therapy meetings at the Helena Comprehensive Guidance Clinic about three months ago. In that three months I have seen a change in Daniel. At least our sons (Shawn, Gary and Charles) can ask him something and get a half way answer. Before they had to learn right so they would learn to "survive". In our ten years of marriage, Daniel has gone through 42 jobs, possibly 43. He is having trouble right now handling the pressure the boss gives him.

He hates the government now! He feels like when he does get some help he has to give them something in return. He is scared to start his claim for Post Traumatic Stress for fear that he will get it in the end from the government. I feel he deserves this help. He fought for his country and now his country should help him. He has even been talking about moving out of the country so his sons don't have to go through what he has been going through today.

Daniel sleeps very little because he has nightmares of Vietnam. When he hears any kind of boom, he hits the floor! He can remember Vietnam, but he has trouble remembering things that only happened a couple days ago.

My mind is gone because I've been trying hard to help him out. I've run out of answers. I know my family needs help now!!!! Please don't let the counseling be taken away from the families. As I have said before, we have only been in group therapy for three months and it does help to talk to the other wives and learn how to cope with Post Traumatic Stress.

